

MAR 18 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Greene
Township.....
City Springfield

Registration District No. 318
Primary Registration District No. 2001
(No. Spiegel Baptist Hosp)

File No. 5508
Registered No. 163
Ward

2. FULL NAME

Clara Vestal

(a) Residence, No. St. Ward. Neangua Mo.
(Usual place of abode)

Length of residence in city or town where death occurred one-half hour How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Arthur Vestal</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 5, 1889</u>		
7. AGE <u>46</u>	YEARS <u>2</u>	MONTHS <u>18</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 22, 1936</u>
	11. Total time (years) spent in this occupation <u>life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cullison, Kansas.

FATHER	13. NAME <u>George Davis</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York State</u>

MOTHER	15. MAIDEN NAME <u>Rosie Rice</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York State</u>

17. INFORMANT Elmer A. Vestal
(ADDRESS) Neangua Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Happy Home DATE Feb. 25, 36

19. UNDERTAKER Rex Rainey, Marshfield, Mo.
(ADDRESS)

20. FILED 2-26-36 Ralph Whangston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936, to Feb 24, 1936
I last saw her alive on Feb 24, 1936. Death is said to have occurred on the date stated above, at 9 PM.
The principal cause of death and related causes of importance were as follows:

Edema of Larynx
1050

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? h!
If so, specify
(Signed) J. W. Lindsey M. D.
(Address) Courway Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

