

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.

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

Do not use this space.

MAR 21 1936

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Jackson City No. 3362 Highland

File No. 5760
 Registered No. 553
 St. Jackson Ward

2. FULL NAME

Norma Ruth Cleward
 (a) Residence, No. 3362 Highland St. Highland Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milton E. Cleward
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1881
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 6 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Radolph Co. Mo.

FATHER
 13. NAME Wm H. Fran
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Radolph Co. Mo.

MOTHER
 15. MAIDEN NAME Susan V. Farman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Radolph Co. Mo.

17. INFORMANT Wm Cleward
 (ADDRESS) 3362 Highland

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE Feb 4 1936

19. UNDERTAKER Rose H. Henderson
 (ADDRESS) 157 Jackson

20. FILED 1/3 1936 M. M. Cerom
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1935 to Feb 2 1936
 I last saw her alive on Feb 2 1936. Death is said to have occurred on the date stated above, at 8:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
1/10!
 Other contributory causes of importance:
unknown

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify.....
 (Signed) David Gerstner
 (Address) 412 Altman

Dr. Gertrude

Na 5912

Altman Bl