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.

1290 APR 27 1936

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

Do not use this space

18321

1. PLACE OF DEATH

County Vernon — Registration District No. 575

Township Washington — Primary Registration District No. 6162

City Nevada (No. ..... St. ..... Ward) — File No. ..... Registered No. 97

2. FULL NAME Claggett Ursie

(a) Residence, No. State Hospital No 3 Nevada Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Smithton Mo

FATHER

13. NAME John Wesley Claggett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Nancy Tinsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Mo

17. INFORMANT (ADDRESS) W. C. Claggett Smithton Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE Smithton Mo DATE Apr. 7 1936

19. UNDERTAKER (ADDRESS) Hays Allen V. Nevada Mo.

20. FILED 4-6-36 19 M. Eschinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1935, to April 6, 1936

I last saw h.. alive on April 5, 1935. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the esophagus	?
4/6	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Roy W Pearre Jr, M. D.

(Address) State Hospital No 3 Nevada Mo