

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.

JUL 16 1936

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

Do not use this space.

22069

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH, MO.

Registration District No. 85
Primary Registration District No. 1001
(No. 2833 RENICK)

File No. 839
Registered No. 839
St. _____ Ward _____

2. FULL NAME CLARA A. AMES

(a) Residence, No. 2833 RENICK St. _____ 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 THOMAS AMES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 5TH, 1861

7. AGE YEARS 74 MONTHS 9 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME

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) RACINE, WIS.

13. NAME THOS. GERRY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN ENGLAND

15. MAIDEN NAME ANN GREAVES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN ENGLAND

17. INFORMANT (ADDRESS) ROBERT DELAP 2833 RENICK

18. BURIAL, CREMATION, OR REMOVAL PLACE CHICAGO, ILL. DATE JUNE 23RD, 1936

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 CALHOUN ST. JOSEPH, MO.

20. FILED June 22, 1936 A. J. Hootchess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 22ND, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936 to June 22, 1936
I last saw her alive on June 22, 1936 Death is said to have occurred on the date stated above, at 3.45 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis } Date of onset unknown
Chronic Endocarditis }

Arterio Sclerosis } unknown
Chronic Rheumatism }

Name of operation None Date of _____
What test confirmed diagnosis? Exp. Lab. 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? No
If so, specify _____

(Signed) E. M. Shores, M. D.
(Address) 317 Kirkpatrick Bldg St. Joseph Mo.

