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.

JUL 13 1936

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

Do not use this space.

22076

File No.
Registered No. 846

1. PLACE OF DEATH
County Buchanan — Registration District No.
Township — Primary Registration District No.
City St. Joseph (No. 1514 South 33rd St. Ward)

2. FULL NAME Clara Agnes Dandurant
(a) Residence, No. 1514 So. 33rd St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred Life 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Dandurant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1854

7. AGE: Years 81 | Months 11 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

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 33

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Buchanan Co., Mo.

FATHER
13. NAME Edward Dutton
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Sarah Cranfield
16. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) England

17. INFORMANT Jesse Dandurant
(ADDRESS) 1514 So. 33rd St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora DATE June 26, 1936

19. UNDERTAKER Heaton BeGole-Borman
(ADDRESS) 319 So. 10th St.

20. FILED 6/26 1936 A. J. Nestlebush Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1935, to June 24, 1936
I last saw her alive on June 24, 1936. Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arterio-sclerotic	
Myocarditis, chronic	

Other contributory causes of importance:
Senility
Arterio-sclerosis

Name of operation None Date of —
What test confirmed diagnosis? Phy. Exam 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 —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) M. H. Falty, M. D.
(Address) 709 Corby Bldg. St. Joseph, Mo.