

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.

SEP 18 1936

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

Do not use this space.

30039

1. PLACE OF DEATH

County Butler Registration District No. 88
 Township Neely Primary Registration District No. 5730
 City (No. 5 Miles, N.W. of Neelyville) St. _____ Ward _____

File No. _____
 Registered No. 25

2. FULL NAME Clara Leopold Daberco

(a) Residence, No. Butler Co., Mo. St. _____ Ward _____

(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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Frederick Daberco

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>67</u>	<u>0</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
 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) Germany

MOTHER FATHER 13. NAME Leopold Koehler

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

MOTHER 15. MAIDEN NAME Johanna Romanaut

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wm. Daberco
 (ADDRESS) Butler Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL Naylor Cemetery
 PLACE Butler Co., Mo. DATE 8/26 1936

19. UNDERTAKER Frank Und. Co.
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 8-25-1936 R. L. Turner
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1936, to August 24, 1936
 I last saw her alive on August 24, 1936. Death is said to have occurred on the date stated above, at 9:50 P. M.
 The principal cause of death and related causes of importance were as follows:

Benign Malarial
Fever of the Animate
Variety

Other contributory causes of importance: 38

Name of operation _____ 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? _____ 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) R. L. Turner, M. D.
 (Address) Neelyville, Mo.

