DEC 4 1936

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

Do not use this space.

38768

File No.

Registered No. 227

1. PLACE OF DEATH

County Randolph Registration District No. 735

Township Primary Registration District No. 3034

City Moberly (No. Woodland Hospital St. Ward)

2. FULL NAME Eloise P. Clemison

(a) Residence, No. 320 So 6th 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. M. Clemison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26th 1877

7. AGE: Years 58 | Months 10 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Mo

FATHER

13. NAME William I. Pond

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

MOTHER

15. MAIDEN NAME Clara Franklin

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

17. INFORMANT S. M. Clemison
(ADDRESS) Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery, Mo DATE Oct 28th 1936

19. UNDERTAKER Mahan & Son
(ADDRESS) Moberly Mo

20. FILED 10/27 1936 Virginia [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1936, to Oct. 26, 1936

I last saw her alive on Oct. 21, 1936. Death is said to have occurred on the date stated above, at 7 a.m.

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

	Date of onset
Cholelithiasis	Several years

Other contributory causes of importance:
Chronic myocarditis

Name of operation Cholecystectomy Date of Sept. 18, 1936

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? No

If so, specify No

(Signed) R. D. Streeter, M. D.

(Address) Moberly, Mo.

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.

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