

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

Do not use this space.

APR 25 1937

**1. PLACE OF DEATH**

County Saline  
Township Marshall  
City (No. , St. , Ward)

Registration District No. 796  
Primary Registration District No. 3038

File No. 8979  
Registered No. 39

**2. FULL NAME** William Everett Claus

(a) Residence, No. South Lincoln St. , Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 Male 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 Sylvania Claus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>37</u>	<u>54</u>	<u>2</u>	<u>24</u>	

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

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) Saline county Missouri

13. NAME William Claus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden county Missouri

15. MAIDEN NAME Heneretta Samuels

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

17. INFORMANT Santa Claus (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Lick cm. DATE Feb. 21 1937

19. UNDERTAKER W. M. Campbell (ADDRESS) Marshall, Mo.

20. FILED 2-21 1937 Nelva Huston Deputy Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/17 1937 to 2/19 1937  
I last saw him alive on 2/19 1937 Death is said to have occurred on the date stated above, at 2 a. m.

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

Influenza  
Pneumonia 7/21/37  
Pharyngitis 7/14/37

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Culture 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) A. J. [Signature] M. D.  
(Address) Marshall 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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