

JUN 28 1937

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

Do not use this space.

21004

1. PLACE OF DEATH

County Pike  
Township Ashley  
City (No. ....) St. .... Ward)

Registration District No. 683  
Primary Registration District No. 5911

File No. ....  
Registered No. 5-

2. FULL NAME

Clara Koester

(a) Residence, No. .... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF x x

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5<sup>th</sup>, 1937  
22. I HEREBY CERTIFY, That I attended deceased from Sept. -, 1917, to May 5<sup>th</sup>, 1937  
I last saw her alive on May 5<sup>th</sup>, 1937 Death is said to have occurred on the date stated above, at 10:38 am.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-29-1903  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
34 2 4

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

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

Coronary Incompetency all life  
ADA  
Other contributory causes of importance:  
Acute Dilatation of Heart

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

Date of onset May 1<sup>st</sup> 1937  
Name of operation none Date of .....  
What test confirmed diagnosis? Sound Was there an autopsy? no

13. NAME John H. Koester

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

15. MAIDEN NAME Elizabeth Grute

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

17. INFORMANT (ADDRESS) John M. Koester Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL Interment DATE May 7, 1937

19. UNDERTAKER (ADDRESS) Grass B. Burdick Bowling Green Mo.

20. FILED May 7, 1937 R. M. Hetherlin Registrar.

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) Dr. J. H. Fitzgerald ADA  
(Address) Bowling Green, Mo.

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.

