

104
JUL 31 1937MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Stone
Township Grant
City Marionville (No. _____)Registration District No. 846
Primary Registration District No. 6105File No. 25069
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Clara Laura Bell Jarbett(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harmer H. Jarbett6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 18927. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 8 148. 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo13. NAME Henry Eckhardt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Anna Mueller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland17. INFORMANT (ADDRESS) Mrs. Elsie H. Gage Marionville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE _____ 1919. UNDERTAKER (ADDRESS) H. S. Wallace Billings Mo20. FILED 7-10- 1937 H. A. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20th, 193722. I HEREBY CERTIFY, That I attended deceased from May 15th, 1937, to June 20th, 1937.I last saw her alive on June 19th, 1937. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Thrombosis of Pulmonary Artery Date of onset _____Other contributory causes of importance: 2

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptoms 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) J. W. Easter, M. D.
(Address) Marionville Mo

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Stone Registration District No. 846 File No. 25-069
Township Grant Primary Registration District No. 6105 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Clara Laina Bell Jarbett

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
44 8 14

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 7-20-1937 H. G. Dumas Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1937
22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
Name of operation _____ Date of _____
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? _____
If so, specify _____
(Signed) J. W. Lester, M. D.
(Address) Marionville Mo

SUPPLEMENTARY

S-25069