SEP 16 1937

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

Do not use this space.

File No. 30395

Registered No. 30

1. PLACE OF DEATH
County: Chariton Registration District No. 169
Township: Brunswick Primary Registration District No. 5225
City: Brunswick (No. ..., ... St. ..... Ward)

2. FULL NAME: ELEANOR ELEANOR CLAIR

(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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Clair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 25 1852

7. AGE: Years 84 | Months 9 | Days 11 | 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.: Housework
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): Ohio

FATHER
13. NAME: Benjamin Jenkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Deborah Cuhlen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT: Mrs Mary Clair
(ADDRESS) Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brunswick DATE Aug 8 1937

19. UNDERTAKER: L Maerad
(ADDRESS) Brunswick Mo

20. FILED Aug 7 1937 Harry E. Tatum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Aug 1 1937
I last saw her alive on Aug 1 1937. Death is said to have occurred on the date stated above, at 4 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1 hr
Other contributory causes of importance:	
General arteriosclerosis	1930

Name of operation: none 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) Harry E. Tatum, M. D.
(Address) Brunswick 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.