DEC 20 1937

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

Do not use this space.

41625

1. PLACE OF DEATH

County: Jasper — Registration District No. 416

Township: — Primary Registration District No. 4348

City: Sarcoxie (No. ..... St. ..... Ward)

File No. ..... Registered No. .....

2. FULL NAME Sarah Amanda Clapper

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Wm. Clapper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	9	4	

OCCUPATION

8. 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. Home

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

FATHER

13. NAME Oscar Foudray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Loxie Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. Sarah Chandler
(ADDRESS) Tallula, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sarcoxie, Cem DATE 11-15 37

19. UNDERTAKER Engelage Furn. & Und. Co
(ADDRESS) Sarcoxie, Mo.

20. FILED Nov 15 1937 Leroy Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-17-, 1937, to 11-13-, 1937

I last saw he alive on 11-13-, 1937. Death is said to have occurred on the date stated above, at 6:30 P. M.

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

	Date of onset
Dysentery, Chronic	

Other contributory causes of importance:
acute nephritis

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. B. Hyatt, M. D.

(Address) Sarcoxie Mo.

NOTE: Physicians should be carefully supplied. Registrars should be called upon if physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.