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.

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

Do not use this space.

REC'D MAR 23 1939

1. PLACE OF DEATH

County PLATTE — Registration District No. 698 — File No. 7525

Township WESTON — Primary Registration District No. 4420 — Registered No.

City WESTON (No. ..., ... St. ..... Ward)

455

2. FULL NAME LAURA ALICE CLEMENS

(a) Residence, No. ..... 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: FEMALE
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 HARDY L. CLEMENS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 16-1878

7. AGE 61 YEARS | 11 MONTHS | 24 DAYS | If LESS than 1 day, ... hrs. or ..... min.

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.
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) WESTON, MO.

FATHER

13. NAME WILLARD P. CLEMENS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER

15. MAIDEN NAME LAURA PEPPER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) ELMER CLEMENS WESTON MO.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Staceland Weston Mo. DATE Feb. 12 1939

19. UNDERTAKER (ADDRESS) VAUGHN FUNERAL HOME WESTON, MO.

20. FILED 2/11 1939 J. H. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., 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:

	Date of onset
Acute Endocarditis	
Chronic bronchitis	
Chronic nephritis	

Other contributory causes of importance: 131

Name of operation none Date of .....

What test confirmed diagnosis? none 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? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. J. Felling M. D.

(Address) Weston

District Health Officer No. 11

District File Number 39-6

Date Filed 3-2-39