

WED AUG 24 1940

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

Do not use this space.

24807

1. PLACE OF DEATH  
 County Cape Girardeau Registration District No. 125  
 Township St. Francis Hospital Primary Registration District No. 3009  
 City Cape Girardeau Mo. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Clara Ponder 536 1  
 (a) Residence, No. McBride Mo. Perry Co. Mo. 0 Ward. McBride Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 9 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 Roman Ponder - 52 Yrs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
47 5 25

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

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) Perry Co. Mo. (STATE OR COUNTRY) 0

13. NAME William Bohnert 6

14. BIRTHPLACE (CITY OR TOWN) Perry Co. Mo. (STATE OR COUNTRY) 0

15. MAIDEN NAME Elizabeth Leible

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

17. INFORMANT (ADDRESS) Mrs Louis Grisham

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville Mo. DATE July 31 1940

19. UNDERTAKER (ADDRESS) Young & Sons Perryville Mo.

20. FILED 7-29 1940 John Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29, 1940

22. I HEREBY CERTIFY, That I attended deceased from 7/20, 1940, to 7/29, 1940  
 I last saw her alive on 7/29, 1940. Death is said to have occurred on the date stated above, at 12:35 P.M.  
 The principal cause of death and related causes of importance were as follows:

Uremic poisoning Date of onset 7-27-40

Other contributory causes of importance: Ret. Metrol stone

Name of operation Ret. Metrolotomy Date of 7-29-40  
 What test confirmed diagnosis? Phy Exam Was there an autopsy? Yes

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) Paul R. Amburn M.D.  
 (Address) Cape Girardeau 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.

Embalmed By

*Charles Young*

License No.

*2138*

*Perryville mo.*