

Every year or 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.

FILED NOV 25 1940

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

Do not use this space.

36617

1. PLACE OF DEATH

County Vernon
 Township
 City Fort Scott (No. _____)

Registration District No. 876
 Primary Registration District No. 4529

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Sarah Jane Claypool

(a) Residence, No. Richards, Mo St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 10 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James E. Claypool

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 11 7

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) Cambridge, Ohio (STATE OR COUNTRY)

FATHER 13. NAME John Todd

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

MOTHER 15. MAIDEN NAME Betsy Holliday

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

17. INFORMANT Mrs. Donald Koontz (ADDRESS) Richards, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richards DATE Oct 13, 1940

19. UNDERTAKER Geo. A. Konantz (ADDRESS) Fort Scott, Kansas 794

20. FILED Oct 12 1940 Stella Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1940, to 10-9-40, 1940

I last saw h. a. y. alive on 10-9-40, 1940. Death is said to have occurred on the date stated above, at 8 P.M.

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

Coronary Occlusion I

Date of onset 10-9-40

Other contributory causes of importance: Generalized Arteriosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? none 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 _____, 1940

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) Leland P. Randles, M. D.
 (Address) 126 E 1st St
Fort Scott, KS.

