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

FILED JUL 12 1943

Do not use this space.

21984

1. PLACE OF DEATH

65 County Mercer — Registration District No. 210 — 65

0 Township Harrison — Primary Registration District No. 5768 — 0

0 City Cainsville (No. RFD # 2) — 0 — St. — Ward)

File No. — Registered No. 138

2. FULL NAME Clara May Allbee

(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 1 yrs. 2 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)
Female /	White	/ Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Elmer H. Allbee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 25, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	No	27	

OCCUPATION

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

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): Nemaha County Nebraska /

FATHER

13. NAME: Nels Paulson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden //

MOTHER

15. MAIDEN NAME: Nancy Clarke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska. /

17. INFORMANT (ADDRESS): Elmer H. Allbee RFD #2 Cainsville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Brock Nghr. DATE: June 25, 1943

19. UNDERTAKER (ADDRESS): [illegible] #3607 Cainsville, Missouri.

20. FILED 6-27-43 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 22, 1943

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 3 P m.

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

	Date of onset
Coronary Embolism	

Other contributory causes of importance: 94a

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? No 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.

Death took place in home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. L. Hickman Coroner.

(Address) Princeton, Missouri.

6-22-43

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-42-33