

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

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.

FILED SEP 13 1944

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

Do not use this space.

28928

1. PLACE OF DEATH
County Shelby Registration District No. 337
Township Clarence Primary Registration District No. 4497
City Clarence (No.) St. Ward)
2. FULL NAME Rosalene Cline
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27th 1925
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl
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) Macon Co. Mo.
13. NAME Perry Cline
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.
15. MAIDEN NAME Ruby Richardson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.
17. INFORMANT Perry Cline (ADDRESS) Clarence Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarence, Mo. DATE 7-29-44
19. UNDERTAKER Stephens & Gooding (ADDRESS) Macon, Mo.
20. FILED Aug 7 1944 Malge Gooch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27th 1944
22. I HEREBY CERTIFY, That I attended deceased from May 16 1942 to July 27 1944
I last saw her alive on July 25 1944 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1941
laryngeal Tuberculosis 13 Pl 1942
Other contributory causes of importance
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) D. L. Haulan M.D. M. D.
(Address) Clarence, Mo Aug 5 1944

1875

SEP 1 1944

RECEIVED

District Health Officer No. 10

District File Number 9-44-1619

Date Filed SEP 1 2 1944