

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

Do not use this space.

1. PLACE OF DEATH

County Senior 7 Registration District No. 347 ✓
 Township _____ Primary Registration District No. 3018
 City Clinton (No. 5 Washington St. _____ Ward _____)

16484

File No. _____
 Registered No. 66

2. FULL NAME

Dorothy Clark Atterman
 (a) Residence, No. S. Washington St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stephen Alderman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/17/1919
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15 _____ 12 _____

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) Montgomery

MOTHER FATHER 13. NAME Tom Clark ♂

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Bessie Fitzgerald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Mo. DATE 5/31 1934

19. UNDERTAKER Smiley Funeral Home (ADDRESS) Clinton Mo.

20. FILED 6-1 1934 J. R. Hampton Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29 1934
 22. I HEREBY CERTIFY, That I attended deceased from 5/26 1934 to 5/29 1934
 I last saw him/her alive on 5/29 1934 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Hemorrhage Date of onset 5/29
Pneumonia Klebsiella 5/26
146
 Other contributory causes of importance: 116. E

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? no
 If so, specify _____
 (Signed) E. C. Peeler, M. D.
 (Address) Clinton 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.
 JUN 21 1934
 235
 31

WHEREAS, the said JOHN DOE, deceased, was the owner of certain real and personal property, and the said JANE DOE is the surviving spouse of the said JOHN DOE, and is entitled to the same under the laws of the State of Texas; and

WHEREAS, the said JAMES DOE is the only child of the said JOHN DOE, and is claiming the same as his own property; and

WHEREAS, the said JANE DOE is unable to manage the same herself, and desires to have the same sold for the benefit of the estate of the said JOHN DOE; and

WHEREAS, the said JAMES DOE is unwilling to sell the same, and desires to have the same sold for the benefit of the estate of the said JOHN DOE; and

WHEREAS, the said JANE DOE and the said JAMES DOE are unable to agree upon the sale of the same, and desire that the same be sold by the Court; and

WHEREAS, the said JANE DOE and the said JAMES DOE are unable to agree upon the terms of the sale of the same, and desire that the same be sold by the Court;

THE COURT, therefore, orders that the said real and personal property be sold by the Court for the benefit of the estate of the said JOHN DOE, and that the proceeds of the sale be paid to the said JANE DOE, and that the said JAMES DOE be excluded from the said real and personal property.

IN WITNESS WHEREOF, the Court has hereunto set its hand and seal at Dallas, Texas, this 1st day of January, 1912.

Approved by the Court: _____
J. M. [Name], Clerk of the Court.

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

77007
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 66
St. _____ Ward _____

2. FULL NAME

Barthley Clark Alderman

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>15</u>	<u>-</u>	<u>12</u>	

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

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 6-1 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19 _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____ to _____, 19 _____

I last saw him alive on _____, 19 _____ Death is said to have occurred on the _____ m.

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

Belonged to Hernando Date of onset 5-29-34

Other contributory causes of importance:

Caused from Puerperal Eclampsia 146

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) _____

(Address) _____

SUPPLEMENTARY

STARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-16484.