

NOV 8 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

37475

1. PLACE OF DEATH

County Henry  
Township.....  
City Clinton (No. ...., Ward).....

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. ....

2. FULL NAME

Clara Jane Reyes

(a) Residence, No. Clinton Mo St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lyman C Reyes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-27-1851</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>5</u>
	DAYS <u>14</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Weymouth New York</u>		
FATHER	13. NAME <u>C C Dear</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York City</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs Bate Reyes Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Conglwood</u> DATE <u>Oct 12 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Wm C Wilkinson Clinton Mo</u>		
20. FILED <u>10-17 1936</u> <u>J. R. Hampton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1936 to Oct 11 1936  
I last saw Dr. alive on Oct 10, 1936. Death is said to have occurred on the date stated above, at 8 A.m.  
The principal cause of death and related causes of importance were as follows:  
Intra capsular fracture neck of femur rt. Fracture femur middle 3/4 left  
Date of onset

Other contributory causes of importance:  
1936

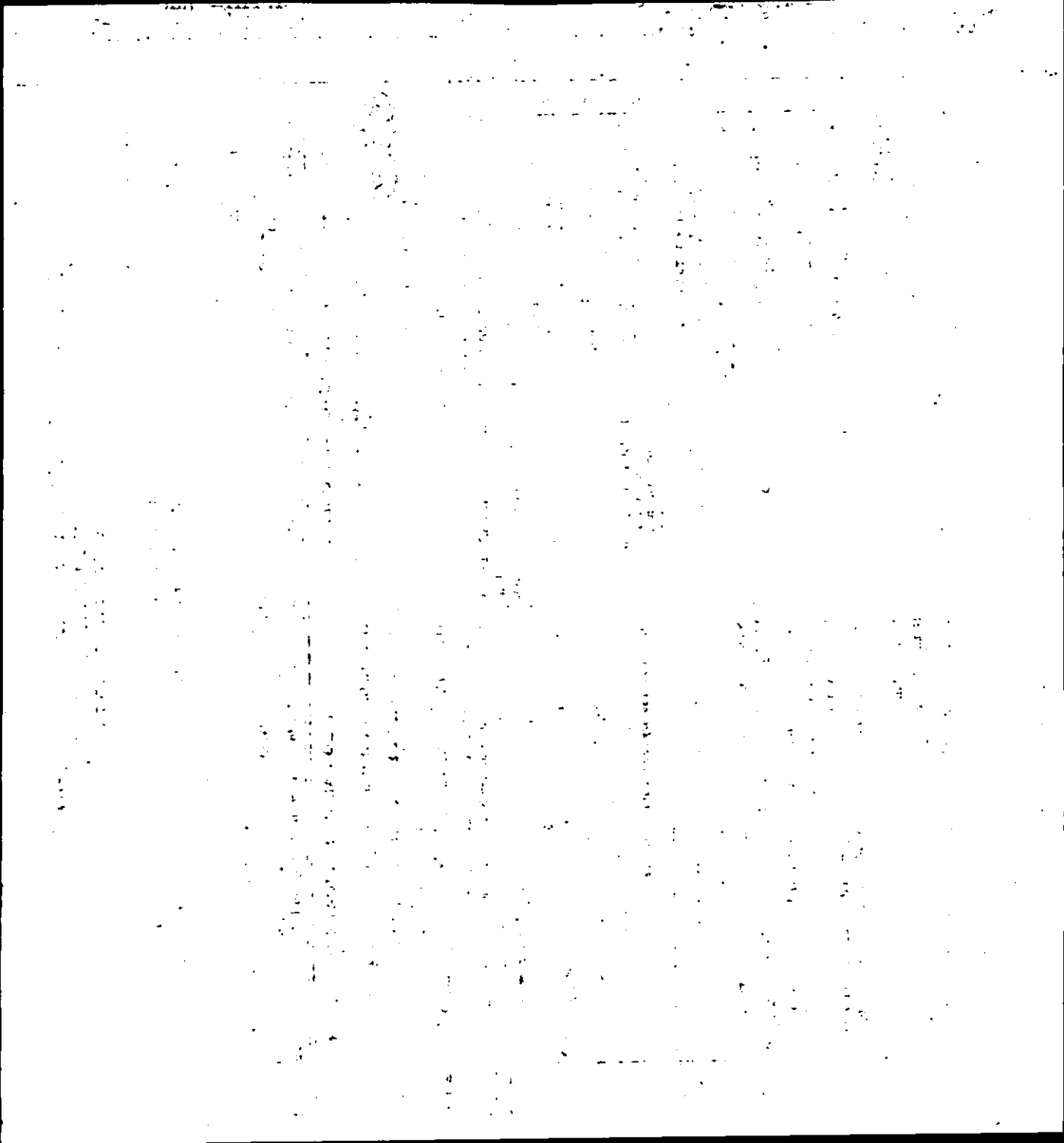
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 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) Edo. 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.



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

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**1. PLACE OF DEATH**

County Lenny  
Township Clinton  
City Clinton (No. ...., St. .... Ward)

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. ....

**2. FULL NAME**

Clara Jane Keyes  
(a) Residence, No. 50 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX ♀ 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1936

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

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

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

I last saw h 4 alive on ....., 19.... Death is said to have occurred on the date stated above, at ....., m.

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

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

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.

Spinal capsular fracture neck of femur rt fracture femur middle left  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance  
1800

13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury 8/20, 1936

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

Where did injury occur? Clinton, Mo.  
(Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.  
at home

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury fell off the front porch  
Nature of injury fractured both legs

PLACE DATE

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....

19. UNDERTAKER (ADDRESS)

(Signed) Ed. C. Peclar, M. D.  
(Address) Clinton Mo.

20. FILED 10-17 36 J. R. Hanflor Registrar.

N. B. Every item of information should be carefully checked for accuracy before release to the public. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SUPPLEMENT

37475

REPRODUCED FROM  
NATIONAL ARCHIVES