SEP 27 1927

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

Do not use this space.

26672

1. PLACE OF DEATH
County Callaway
Township Caldwell
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 169
Primary Registration District No. 5159
File No. .....
Registered No. 398

2. FULL NAME Mary Eliza Clatterbuck
(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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

~~5a. IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Thomas Clatterbuck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14 1844

7. AGE: Years 83 | Months | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Callaway Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John Foster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Wallace
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Herbert Clatterbuck
(Address) New Bloomfield

15. FILED Sept 10, 1927 Ernest Prisk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1927

17. I HEREBY CERTIFY, That I attended deceased from 8/31/1927, to Sept 1st, 1927 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8-45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
131
958 129A
(duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Dilitation of heart
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
O DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) D. H. Christian, M. D.
, 19 (Address) Fulton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Dryfork cemetry
DATE OF BURIAL: 9/4 1927
20. UNDERTAKER: Ray A. Holt
ADDRESS: New Bloomfield

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.