

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

Do not use this space.

18265

**1. PLACE OF DEATH**

County Saline  
Township \_\_\_\_\_  
City Marshall, Mo. (No. \_\_\_\_\_)

Registration District No. 796  
Primary Registration District No. 3038

File No. \_\_\_\_\_  
Registered No. 67  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Dorothy Margaret Claus

(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) \_\_\_\_\_  
Female white Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17, 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		5	4	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work none 159A  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ 159B  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Marshall  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Santy Claus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marshall  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Minnie M. Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Laneville  
(STATE OR COUNTRY) Mo.

14. INFORMANT M. Claus  
(Address) \_\_\_\_\_

15. FILED 5-26, 1930 Mrs John H. McGuire  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-27 1930

17. I HEREBY CERTIFY, That I attended deceased from Beth, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Hydro-Cephalus } Myelencephalic  
Spina-Bifida }

CONTRIBUTORY (SECONDARY) 159A  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) A. M. Claus M. D.

5/21, 1930 (Address) Marshall 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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Salina, Mo.</u>	DATE OF BURIAL <u>May 27 1930</u>
22. UNDERTAKER <u>J. L. Swenson</u>	ADDRESS <u>Marshall, Mo.</u>

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.

WHITE PAPER, WITH NON-FADING INK—THIS IS A PERMANENT RECORD

97  
5  
5

1000  
1000  
1000