

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

Do not use this space.

34081

1. PLACE OF DEATH

County Numbles
Township
City Kennett (No.)

Registration District No. 288
Primary Registration District No. 4172

File No.
Registered No.
St. Ward)

2. FULL NAME

Clara J. Furry

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Boatwright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4 - 1902</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>9</u>
	DAYS <u>10</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>at home</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seneca Mo.</u>		
MOTHER FATHER	13. NAME <u>Thos. Furry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blountfield Mo.</u>	
	15. MAIDEN NAME <u>Mary Merritt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kennett Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Mary Smith, Kennett, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Line City</u> DATE <u>10/16</u> 31		
19. UNDERTAKER (ADDRESS) <u>Baldwin Wood Co., Kennett, Mo.</u>		
20. FILED <u>10/19</u> 31 <u>Thaler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-1-31 19... to Oct 14 - 31 19...
I last saw her alive on Oct 13 - 31 19... Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:
None

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) W. E. Crumley M. D.
(Address) 107 1/2 S.

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.

NOV 24 1931

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

