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

Do not use this space.

File No. 38133

Registered No. 71

1. PLACE OF DEATH

County: Lafayette

Township: Davis

City: Higginsville, Mo. (No. ....., ... St. ..... Ward)

Registration District No. 460

Primary Registration District No. 3234-a

2. FULL NAME Clara Catherine Fieth

(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 8 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24th-1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	8	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Lived at home with parents.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Higginsville; Mo.
(STATE OR COUNTRY) U.S.A.

PARENTS

10. NAME OF FATHER Herman Fieth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warrenton
(STATE OR COUNTRY) Warren Co; Mo.

12. MAIDEN NAME OF MOTHER Martha Hoefer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hopewell
(STATE OR COUNTRY) Warren Co; Mo.

14. INFORMANT Herman Fieth by Alfred Hoefer
(Address) Higginsville, Mo.

15. FILED 11/10, 1931 Jessie Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov- 7-1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931, to Nov-7-1931, that I last saw her alive on Nov-7-, 1931, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Apoplexy
87B

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Vaso-motor disease

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Physical

(Signed) Larson Davis, M. D.

, 19 (Address) Higginsville, 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: Salem Evangelical Cmetery

DATE OF BURIAL: Nov 10 1931

20. UNDERTAKER: Hoeper and Mennishagen

ADDRESS: Higginsville 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD