

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

Do not use this space.

1. PLACE OF DEATH  
 County Grundy Registration District No. 330  
 Township Trenton Primary Registration District No. 3017  
 City Trenton (No. ....) St. .... Ward ....  
 2. FULL NAME Nellie Claassen  
 (a) Residence, No. Salman City, Mo. R. 7 D. Ward. Salman City, Mo.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 27 mos. 12 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

File No. 821  
 Registered No. ....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred D. Claassen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1910  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
21 1 6  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 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) Warren Co., Missouri  
 FATHER 13. NAME George Ot Scott  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31  
 MOTHER 15. MAIDEN NAME Alfretta Providence  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT Goldie Elder (ADDRESS) Salman City, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mitchell Cemetery DATE Jan 20 - 1932  
 19. UNDERTAKER Bernie C. Davis #3216 (ADDRESS) Trenton, Mo  
 20. FILED Jan 19 - 1932 E. A. Duffey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 - 1932  
 22. I HEREBY CERTIFY That I attended deceased from July 18 - 1932 to July 18 - 1932  
 I last saw him alive on July 18 - 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis and dilation of heart Date of onset 1931  
9:20 A  
9:30  
 Other contributory causes of importance: Arteriosclerosis - Endo & Myocardial  
 Name of operation Physician's Report Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes  
 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 ①  
 Nature of injury .....  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) E. B. Moon M. D.  
 (Address) Trenton, Mo

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

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.

FEB 4 1932

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JAN 17 1951