

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

Do not use this space.

**1. PLACE OF DEATH**

County Lawrence Registration District No. 468  
 Township Duck Prairie Primary Registration District No. 4281  
 City Marionville (No. ....) St. .... Ward)

File No. 21002  
 Registered No. 23

**2. FULL NAME** Clara B. Sexauer

(a) Residence, No. Home For The Aged St. .... Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 6 yrs. 9 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
73 2 28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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) Omaha, Nebraska

FATHER MOTHER

13. NAME Carl Kueer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)    "   "   "

15. MAIDEN NAME    "   "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)    "   "

17. INFORMANT (ADDRESS) Ms. Grace Farnester Marionville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE 6-28-34

19. UNDERTAKER (ADDRESS) Hiram Bradley Marionville

20. FILED Jul 9 1934 Laura O. Connady Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 14 1934 to June 26 1934

I first saw her alive on June 24 1934 at 4:30 p.m. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis symptoms Was there an autopsy? no

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) J. W. Lester, M. D. (Address) Marionville, 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.

JUL 12 1934

