

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City..... St. Louis, Mo. (No.....)

Registration District No.....  
Primary Registration District No..... **791**  
**1003** City Sanitarium

File No. 10045  
Registered No. 2606  
St. .... Ward)

## 2. FULL NAME

Clara Dayberry  
6325 Easton Ave.

(a) Residence, No. .... St. N.R. Ward. Hallston Mo.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Unknown</u> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/17/1879</u>                       |                                  |   |
| 7. AGE   | YEARS<br><u>57</u>               | MONTHS<br><u>10</u>   |
|  | DAYS<br><u>17</u>                | If LESS than 1 day, ..... hrs. or ..... min.                              |

|            |   |  |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Nil</u> |  |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Nil</u>          |  |
|            | 10. Date deceased last worked at this occupation (month and year).....                                    | 11. Total time (years) spent in this occupation..... |

12. BIRTHPLACE (CITY OR TOWN)..... Warrenton  
(STATE OR COUNTRY) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT R.C. Sinclair, M.D.  
(ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Matthews DATE 3-6-37 19..

19. UNDERTAKER Oscar J. Hoffmeister  
(ADDRESS) 4016 Chippewa Str.

20. FILED MAR 6 1937 J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4/37 19..

22. I HEREBY CERTIFY, That I attended deceased from 2/22, 19 37, to 3/4/37, 19 37

I last saw her alive on 3/4/37, 19 37 Death is said

to have occurred on the date stated above, at 12:25 P.M.

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

Sarcoma of Uterus 2-1937x

Date of onset

Other contributory causes of importance  
Gen Paralysis of the Insane

2-1937x

Chronic Nephritis 201937x

Name of operation..... 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) R.C. Sinclair, M.D.

(Address) City Sanitarium

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.

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REPORT

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