MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
50M-10-22-36
I X9314

FILED MAR 19 1942

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

Do not use this space.

5763

1. PLACE OF DEATH
County Atchison
Township Clay
City Rock Port Mo (No. ..... , ... St. ..... Ward)

Registration District No. 19 3
Primary Registration District No. 4013 1 0

File No. 7
Registered No. .....

2. FULL NAME Clara Belle Sliger

(a) Residence, No. Rock Port St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 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): Widowed 2

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-16-1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	11	28	

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. .....
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) Jonesboro Tenn. 1

FATHER
13. NAME Wm Slemons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Ireland 4

MOTHER
15. MAIDEN NAME Nancy Bayless
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn. 1

17. INFORMANT (ADDRESS) Guy Sliger Rock Port Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE High Creek DATE 2-17 1942

19. UNDERTAKER (ADDRESS) Kratz Berchelmann Rock Port Mo 3193

20. FILED Feb 16 1942 Lillie Jayne Anchor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 — 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 1941, to Feb - 14 — 1942
I last saw her alive on Feb - 6 — 1942 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1939
Other contributory causes of importance: Arteriosclerosis	1936

Name of operation 131a 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) J M Davis, M. D.
(Address) Tarkio Mo.

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