

FEB 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County Ray  
Township Richmond  
City Richmond MO

Registration District No. 744  
Primary Registration District No. 3035

File No. 2638  
Registered No. 7  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Catharine Cliphant

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88 - 1

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

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) Millville MO

13. NAME Joseph Mansuel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watkinson MO

15. MAIDEN NAME Susan Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watkinson MO

17. INFORMANT Catharine Cliphant  
(ADDRESS) Richmond, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bunny Slopes DATE 1-18 1936

19. UNDERTAKER C. H. ...  
(ADDRESS) Richmond, Mo

20. FILED 2-10 1936 E. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1936, to 1-17-1936

I last saw her alive on 1-16 1936. Death is said to have occurred on the date stated above, at 1936 a.m.

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

B. Pneumonia Date of onset 1-15-36

Other contributory causes of importance:  
Organic heart disease

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) J. H. ... M. D.  
(Address) Richmond 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.

