

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.

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

Do not use this space.

17437

1. PLACE OF DEATH

County Clay  
Township Fishing River  
City Excelsior Springs (No. \_\_\_\_\_)

Registration District No. 198  
Primary Registration District No. 3011

File No. \_\_\_\_\_  
Registered No. 62  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sarah Elizabeth Clewenger  
(a) Residence, No. 413 Old Orchard Ave. Ward \_\_\_\_\_  
(Usual place of abode) Excelsior Springs Mo.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John M. Clewenger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 14 1849</u>		
7. AGE YEARS <u>81</u> MONTHS <u>4</u> DAYS <u>25</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Mo</u>
MOTHER 13. NAME <u>Andrew Jackson Craven</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
15. MAIDEN NAME <u>Hulda Whitton</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
17. INFORMANT <u>Ethel Pack</u> (ADDRESS) <u>Excelsior Springs</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pisgah</u> DATE <u>5-10</u> 19 <u>31</u>
19. UNDERTAKER <u>Herbert Hays</u> (ADDRESS) <u>Excelsior Springs Mo</u>
20. FILED <u>May 12</u> 19 <u>31</u> <u>J. B. Craven</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9 1931  
22. I HEREBY CERTIFY, That I attended deceased from 12-13- 1929, to 5-9 1931  
I last saw her alive on 5-9 1931 Death is said to have occurred on the date stated above, at 11 a

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Breast Date of onset \_\_\_\_\_

Other contributory causes of importance: 50

Name of operation Removal Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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. B. Craven \_\_\_\_\_ M. D.  
(Address) Excelsior Springs Mo

