

23773

STATE OF ILLINOIS

ORIGINAL

Department of Public Health—Division of Vital Statistics

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Registration
 County of Washington Dist. No. 7935

Oakdale

*Village

*Township

*Primary

Dist. No. 7935

(Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. address).

Street and
Number, No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 30

1a. PLACE OF RESIDENCE: STATE
 (Usual place of abode)
 City or Village

Oakdale

ILL

County Washington

Township

Street and Number

Road Dist.

2. FULL NAME

Clara A. Kemper

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

widower

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH

June 7 - 1849

(month, day, and year)

7. AGE

Years

Months

Days

IF LESS than
1 day, hr. min.

26

11

20

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)

1928

11. Total time (years)
 spent in this
 occupation

38

12. BIRTHPLACE (city or town)

Oakdale

(State or country)

Washington

13. NAME

James E. Clark

14. BIRTHPLACE (city or town)

Oakdale

(State or country)

Washington

15. MAIDEN NAME

Sarah E. Clark

16. BIRTHPLACE (city or town)

Oakdale

(State or country)

Washington

17. INFORMANT

May 29, 1936

Signature with pen and ink

P. O. Address

Oakdale

18. PLACE OF BURIAL

Oakdale

Cemetery

Oakdale

Location

Oakdale

(Township, Road Dist., Village or City)

County

Washington

State

ILL

19. DATE

May 29

1936

20. SIGNATURE

Burns Bros

(personal signature with pen and ink)

Burns Bros

(firm name, if any)

ADDRESS

Coulterville

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

May 27

1936

22. I HEREBY CERTIFY, that I attended deceased from

May 24, 1936 to May 27, 1936

I last saw her alive on May 27, 1936; death is said to have

occurred on the date stated above, at P. M.

*The principal cause of death and related causes of importance

were as follows:

Coronary Hemorrhage

Date of onset

May 24, 1936

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Was there an autopsy? noWhat test confirmed diagnosis? none

24. If a communicable disease; where contracted?

Was disease in any way related to occupation of deceased? no

If so, specify how:

(Signed) Dr. J. McCosgriff M. D.Address Oakdale IllDate May 27, 1936 Telephone

*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. Filed May 29, 1936 by John F. Klingenberg RegistrarP. O. Address Oakdale Ill