

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.

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

PLACE OF DEATH  
County Pulaski  
Township Sherman  
or  
Village St. Johns  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 723 File No. 17451  
Primary Registration District No. 5954 Registered No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Virvian Clarke

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF BIRTH Mar 1, 1902  
(Month) (Day) (Year)

AGE 11 yrs. 2 mos. 18 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

BIRTHPLACE (City or town, State or foreign country) Pulaski County, Mo.

PARENTS  
NAME OF FATHER Dwight Clarke  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.  
MAIDEN NAME OF MOTHER Ruth Knight  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(ADDRESS) Dr. W. B. Murphy

Filed May 20 1913 E. B. Sherman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 19, 1913, to \_\_\_\_\_, 191\_\_\_\_, that I last saw her alive on May 19, 1913, and that death occurred, on the date stated above, at 12:30 am.

The CAUSE OF DEATH\* was as follows:  
Lightning Stroke  
1912

Sudden (Duration) 10 yrs. 2 hours ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) L. L. Gray M. D.  
May 19, 1913 (Address) Powersville, Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Union Church Co. DATE OF BURIAL May 20, 1913

UNDERTAKER L. R. Nathan ADDRESS Powersville, Mo.

