AUG 22 1927

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

Do not use this space. 20665

1. PLACE OF DEATH
County: Buchanan — Registration District No. 80 — File No.
Township: Platte — Primary Registration District No. 5-121 — Registered No. 10
City: St Joseph (No. Ambulance mile no. of Agency No. St. Ward)

2. FULL NAME: Nettie A. Clark.
(a) Residence. No. 2835 So 20 St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edw R.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct-3-1867

7. AGE: Years 60 — Months 9 — Days 0 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Decatur Co
(STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: Jno Fuston
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Wickham
(STATE OR COUNTRY): "
12. MAIDEN NAME OF MOTHER: Catherine James
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Muscatine
(STATE OR COUNTRY): Iowa

14. INFORMANT: Ora Clark
(Address): 90 Busch Studio

15. FILED 7/4 1927 R. F. Daniel, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 3, 1927

17. I HEREBY CERTIFY, That I ~~attended~~ accepted deceased from on July 3, 1927, to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 6:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Traumatism, Injury Received when automobile in which was riding was struck by R.R. Train
(duration) mos. ds.
CONTRIBUTORY (SECONDARY): (Accident)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Post findings & History
(Signed) Jos Meyer Corner, M.D.
, 19 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Hampton, Mo. — DATE OF BURIAL: July 6 1927

20. UNDERTAKER: Fleeman-Faris — ADDRESS: St Joe Mo 1208 Francis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. [illegible] 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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Buchanan — Registration District No. 80 — File No.
Township: Platte Town — Primary Registration District No. 5121 — Registered No. 10
City: Buchanan County (No. ..., St. ..., Ward)

2. FULL NAME: Nettie A. Clark

(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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 3 - 1867

7. AGE: X 60 X Years — 9 Months — 0 Days — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 7/4, 1927. R. F. Dorsey, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 3 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Traumatism injuries received when auto in which was riding was struck by R. R. train
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) accident
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 178 e
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) ..., M. D.
..., 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

N. B.—Every ... AGE should be ... PHYSICIAN CAUSE ... should state ... may be properly classified. Exact statement of ... very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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