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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28617

Township ..... Primary Registration District No. 1003 Registered No. 8150

City St Louis (No. 1728 Elliot Ave St. ..... Ward)

2. FULL NAME Margaret Clark

(a) Residence. No. ..... St., 20 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1870

7. AGE: abt. 57 YEARS; MONTHS: unknown; DAYS: ; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Ireland

PARENTS

10. NAME OF FATHER: John Sheedy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Harry Clark
(Address) 1728 Elliot Ave

15. FILED SEP 14 1927 Max E Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9/12 1927

17. I HEREBY CERTIFY, That I attended deceased from July, 1927, to 9/12, 1927, that I last saw her alive on 9/12, 1927, and that death occurred, on the date stated above, at 6.45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy Cerebral
82A Hemorrhage
99 Last attack (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Arterial sclerosis
Probably several years (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? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) D. R. Parman, M. D
9/13, 1927 (Address) 3903 Olive St.

*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: Calvary
DATE OF BURIAL: 9-14 1927

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

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.

NAME PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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