

FEB 20 1928

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

Do not use this space.

193

1. PLACE OF DEATH

County Rushaway Registration District No. 85
Township St Joseph Primary Registration District No. 1004
City St Joseph (No. 702) Quindleton St. _____ Ward _____

File No. _____
Registered No. 134

2. FULL NAME

Elizabeth Clark
(a) Residence. No. 702 Quindleton Ward. _____
(Usual place of abode)
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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 1928 to Jan 29 1928, that I last saw him alive on Jan 29 1928 and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1873

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 mt mt 1

Ascites general
200A
(duration) yrs. mos. 21 ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ''
(c) Name of employer ''

CONTRIBUTORY (SECONDARY) 205A
(duration) yrs. mos. 21 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

10. NAME OF FATHER Unknown

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J. R. A. Crossland M. D.
, 19 (Address) 720 S 24 St

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Laura Clark
(Address) 702 Quindleton

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL Feb 2-1928

15. FILED 1928 REGISTRAR John P. [Signature]

20. UNDERTAKER Ransay Funeral Service ADDRESS 7th & Olive

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.

FEB 5 1928

