FEB 20 1928

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

Do not use this space. 299

**1. PLACE OF DEATH**

County: Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 109

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

**2. FULL NAME** Flora I. Clark,

(a) Residence. No. St., Ward. Excelsior Springs, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married, |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allen Clark,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1861

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 8 | 6 | |

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) Clinton County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Daniel Saunders,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Virginia,
12. MAIDEN NAME OF MOTHER Angeline Culp,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay Co.,
(STATE OR COUNTRY) Missouri.

14. INFORMANT Allen Clark
(Address) Excelsior Springs, Mo.

15. FILED JAN 28 1928 19 John L. Wise REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25. 1928

17. I HEREBY CERTIFY, That I attended deceased from May 20 1926 to Jan. 25 1928, that I last saw him alive on Jan. 24 1928, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Pelvis
Bones (Metastatic)
Edema Car & Pneumonia (duration) yrs. 12 mos. ds.
CONTRIBUTORY (SECONDARY) Carcinoma Vagina (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Carcinoma Vagina
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 20 1926
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. F. Schmid, M. D.
Jan 26, 1928 (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 St. Jo. Memorial Park Cem. — DATE OF BURIAL Jan. 30th 19 28

20. UNDERTAKER Heaton-Begole-Bowman By J. W. Hale — ADDRESS 319 S. 10 St. Funeral Home

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.