

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

Do not use this space.
15346
15079
File No. _____
Registered No. **4279**
St. _____ Ward _____

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **11003**
City **St. Louis** (No. **3740**, **Lindell**)

2. FULL NAME

Fannie M. Clark
(a) Residence. No. **3740 Lindell Blvd.** 19. Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Aug 9 - 1852					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	75	8	15		
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) **St. Louis**
(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **David D. Mitchell**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

12. MAIDEN NAME OF MOTHER **Manthy Berry**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

14. INFORMANT **Dr. Geo. S. Drake Jr.**
(Address) **6115 Lindell**

15. FILED **APR 19 1928**
19. **Max C. Starkey**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 18 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 25 1928** to **April 18 1928**, that I last saw him alive on **April 18 1928**, and that death occurred, on the date stated above, at **1:00 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS
Pneumonia Lobar
1010 (duration) yrs. mos. **4** da.
97

CONTRIBUTORY **arterio-sclerosis**
(SECONDARY) (duration) **10** yrs. **4** mos. **4** da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, **at Place of death**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Examination**
(Signed) **John C. Dalton**, M. D.
Apr. 19, 1928 (Address) **1207 Chemical Bldg.**

*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 **Bellefontaine** DATE OF BURIAL **Apr 20 1928**

20. UNOBTAKER **Wagoner** ADDRESS **3621 Olive**

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.

