

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

Do not use this space.

22559

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

File No.....

Registered No.....

6778

City *St. Louis* (No.....)

St.....

Ward.....

2. FULL NAME

Clara E. Black

(a) Residence. No. *6077 Cedar* St., *5* 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)

Married

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

Albark Co

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

Aug 17 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

10

10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

10. NAME OF FATHER

Issac Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Canada

12. MAIDEN NAME OF MOTHER

Mollie Arnold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

14.

INFORMANT

(Address)

*A. C. Black
3907 Clarkson*

15.

FILED

Nov 27 1928

Mar E. Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

June 27 1928

17.

I HEREBY CERTIFY, That I attended deceased from *March 15 1928*, to *June 27 1928* that I last saw her alive on *June 26 1928*, and that death occurred, on the date stated above, at *12:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio sclerosis

*97
1622*

91B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

F. S. Pennard

Apr 28 1928 (Address) 3115 S Grand

*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

OLK Groves

June 29 1928

20. UNDERTAKER

ADDRESS

J. P. Murrells Sons

Market St

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.

