24 1928

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

Do not use this space.

File No. 24204

Registered No. 315

1. PLACE OF DEATH
County Jasper
Township Center
City Joplin (No. ... St. ... Ward)
Registration District No. 4 11
Primary Registration District No. 2002

2. FULL NAME Nellie M. Clark
(a) Residence. No. 7 N. Main St. 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jul 9, 192

7. AGE: Years X | Months X | Days 7 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Joplin Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER W M Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nellie Vannoy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Joplin Mo
(STATE OR COUNTRY)

14. INFORMANT W M Clark
(Address) Joplin Mo

15. FILED 7/16, 192 8 Nellie Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/16 1928

17. I HEREBY CERTIFY, That I attended deceased from ... 11 11, 192 to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1 hr C
Cerebral hemorrhage
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 16 B
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Sput Pent
(Signed) J. Elmer Thomas, M. D
7/16, 1928 (Address)

*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: Peace Church | DATE OF BURIAL: 7/16 28

20. UNDERTAKER: Duncan Mc Co | ADDRESS: Joplin Mo

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.