26 1928

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

Do not use this space.

36419

1. PLACE OF DEATH
County: Clay
Township: Liberty
City: ~~Liberty~~ (No. ..... St. ..... Ward)
Registration District No. 201
Primary Registration District No. 5280
File No. .....
Registered No. 109

2. FULL NAME: Lucinda Jane Clark
(a) Residence. No. ..... Liberty St. Mo 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eugene Clark
6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 11-1869
7. AGE: Years 59 | Months 8 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo

PARENTS
10. NAME OF FATHER: Thos. H Warren
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Mo
12. MAIDEN NAME OF MOTHER: Lucy Hudlemeyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Mo

14. INFORMANT (Address): Eugene Clark Liberty Mo
15. FILED 7/10/28 19 Wm H Goodson REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 29 - 1928
17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1928, to ....., 19.... that I last saw her alive on Nov 28, 1928, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis,
129A 131 99
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): General Arteriosclerosis,
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Wm H Goodson, M. D
, 19 (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: Providence Liberty Mo
DATE OF BURIAL: 11/30/1928
20. UNDERTAKER: Church - Archer Co
ADDRESS: Liberty 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.