

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.

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

Do not use this space.

24085

1. PLACE OF DEATH

County Chariton
Township Clark
City..... (No.....)

Registration District No. 174
Primary Registration District No. 5242

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME

Mary Clarke

(a) Residence. No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
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) July 3 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 | 0 | 1

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) near Sabula
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Francis Clarke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) County Court
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Jane Elder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Philadelphia
(STATE OR COUNTRY) Pa

14. INFORMANT Mrs Clara Clarke
(Address) Marcelline Mo

15. FILED 7-5-29 U.S. Buck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1929

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1929, until July 9, 1929, that I last saw him alive on July 3, 1929, and that death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
13 | 82 A (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) hypertension

(duration) 5 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) [Signature] M. D.

7/6, 1929 (Address) Marcelline 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 DATE OF BURIAL
St Joseph Cemetery July 6 1929

20. UNDERTAKER ADDRESS
Jas. McLaughlin Marcelline Mo

21
The Putnam