

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

Do not use this space.

30761 ✓
3783

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township town Primary Registration District No. _____
City Warwick (No. 1146 Warwick) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Emma Clark
(a) Residence. No. 4146 Warwick St. 7 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 Fe 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 Thomas M. Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 8 - 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 4 28

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) Pa -

10. NAME OF FATHER Joseph Cherry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa

12. MAIDEN NAME OF MOTHER Eliza Lemmon

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

14. INFORMANT Mrs. Donna Good

(Address) 4146 Warwick

15. FILED 9-7 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug - 30 - 1929 to Sept - 6 - 1929
that I last saw her alive on 11:45 PM Sept 5 - 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Partial airtestinal obstruction (fecal)
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Fever, Diapneal, Consolidated
(Signed) Herbert Ruthell, M. D.

Sept 6 - 1929 (Address) 1125 Rialto 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 St Joseph mo DATE OF BURIAL 9. 7 1929

20. UNDERTAKER Mrs. C. d. Foster ADDRESS City mo

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.

RESERVED FOR BINDING

Northell -

1175 Biallo

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