

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

Do not use this space.

36964

1. PLACE OF DEATH

County Denny
Township Windsor
City Windsor (No. 2)

Registration District No. 14
Primary Registration District No. 4211

File No. 39
Registered No. 39
St. 2 Ward 2

2. FULL NAME

Martha Jane Clark

(a) Residence. No. 3 St. 2 Ward 2
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. 1 ds. How long in U.S., if of foreign birth? yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-2-1848

7. AGE YEARS 81 MONTHS 2 DAYS 15 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired 50
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill
(STATE OR COUNTRY)

10. NAME OF FATHER Alc Swain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Wells

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Mr John Clark
(Address) 1212 N. 2nd St Mo
FILED 18 29 REGISTRAR J. J. Jensen

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1929, to Nov 17th 1929, that I last saw him alive on Nov 17th 1929, and that death occurred, on the date stated above, at 2 1/2 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer
Carcinoma of Breast
about 2 years (duration) 2 yrs. 2 mos. 1 ds.

CONTRIBUTORY (SECONDARY) senility
(duration) 2 yrs. 2 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF 11/18/29
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? G. W. Head, M. D.
(Signed) Windsor Mo
, 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 Pleasant Grove
20. UNDERTAKER C. L. Sauls
DATE OF BURIAL 11/18/29
ADDRESS K. H. 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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

NO. 2.

