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

Do not use this space.

2466

1. PLACE OF DEATH
County St Francois Registration District No. 1115
Township Primary Registration District No. 6021
City Nob Lick (No. St. Ward)

File No.
Registered No. 1

2. FULL NAME Veachie O'Dell Clark

(a) Residence. No. 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 F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 20, 1902

7. AGE Years 27 Months 4 Days 19 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) St Genevieve (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Andrew J. Jackson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Julia Graves
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Genevieve Mo.

14. INFORMANT Andrew J. Price (Address) Esther, Mo.

15. FILED 1/10 1930 F. G. A. Rydeen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9. 1930.

17. I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1930, to Jan 6, 1930, that I last saw her alive on Jan 6, 1930, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131
936
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1 2 9 A
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Clyde C Winter, M. D
, 19 (Address) Farmington.

*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 O.O.F. Cemetery Knoblich, Mo.
DATE OF BURIAL 1-10 1930

20. UNDERTAKER Raymond Caldwell
ADDRESS Flat River