

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

Do not use this space.

12330

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.

MAY 26 1930

**PLACE OF DEATH**

County Greene Registration District No. 318 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 336  
 City Springfield (No. Springfield Baptist Hospital) Ward \_\_\_\_\_

**2. FULL NAME**

Martha E. Clark  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Yard. Buffalo, Mo.  
 (Usual place of abode) (If resident 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. L. Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-1-1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 2 25

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 Clair les Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER Martha Park

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W. L. Clark  
 (Address) Martha Clark Mo

15. FILED 4-26-30 For Sharp REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-26-1930  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Embolism following Cole cystotomy  
1516  
127A (duration) yrs. mos. ds. Sudden

CONTRIBUTORY (SECONDARY) 1115 Cole cystotomy  
 (duration) yrs. mos. ds. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED At home  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

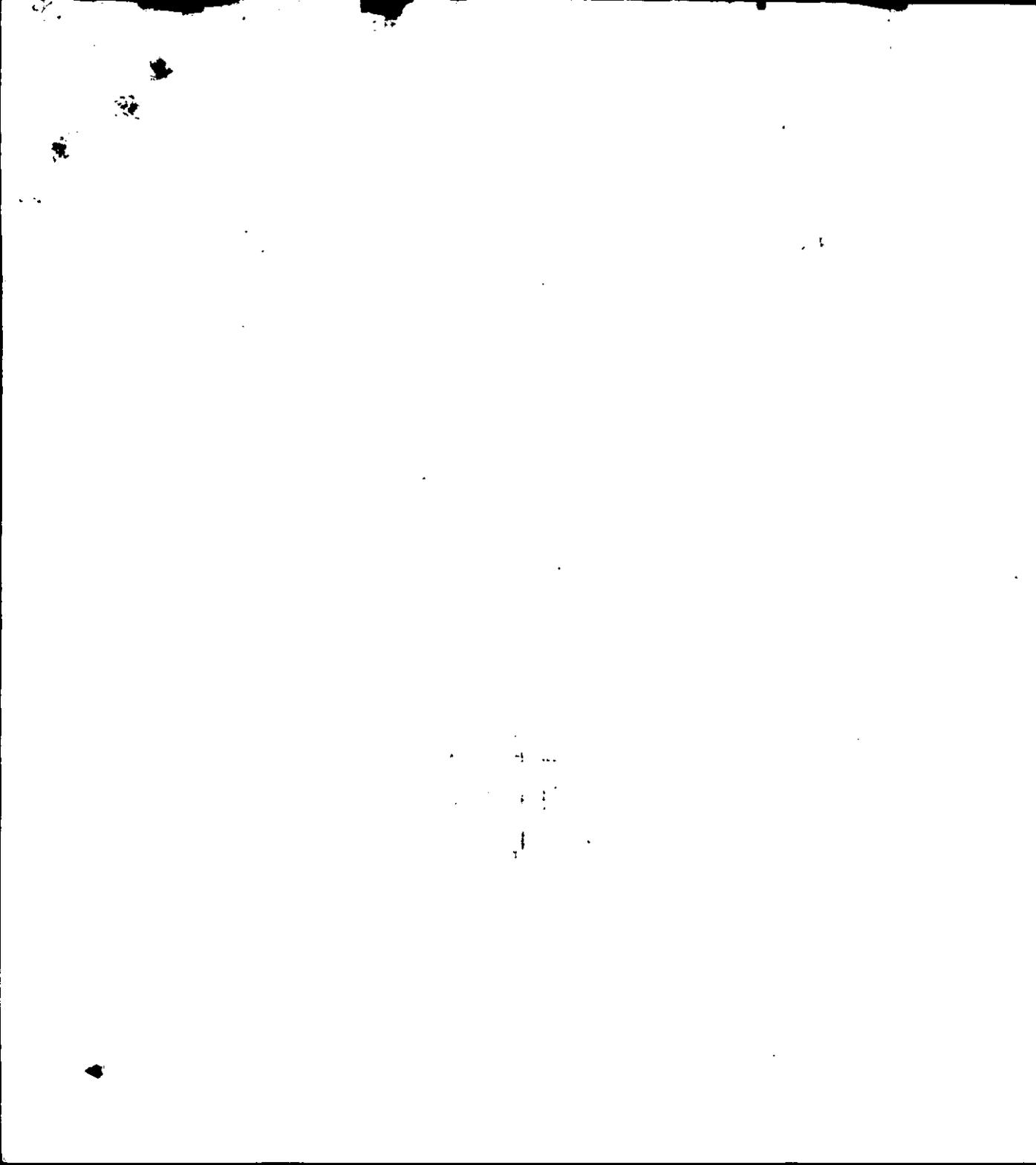
1. DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/27/30  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) E. C. Roebary, M. D.  
4-26-1930 (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 Martha Clark Mo DATE OF BURIAL 3-27-1930

20. UNDERTAKER L. B. Davis ADDRESS Buffalo, Mo.



caused by these marks, lacking from the death certificate.

300,

Name: Martha E. Clark

Who died at: Springfield Mo. on April 7<sup>th</sup>, 1930

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Pulmonary Embolus

following Cholecystectomy

Contributory: Cholecystectomy

~~Gall Stone Operation Appendix Removed Died of~~

Where was disease contracted? Pulmonary thrombosis

Did operation precede death? yes Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

S-12330