

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

Do not use this space.

18960

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.

1. PLACE OF DEATH
 County Clay Registration District No. 201
 Township Liberty Primary Registration District No. 5280
 City Liberty (No. _____) St. _____ Ward _____

2. FULL NAME Mary Jane Clark
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) Point # 3 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 79 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 Mr. Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 13

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) see
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Clay Co. Mo

10. NAME OF FATHER Joseph F. Field

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

12. MAIDEN NAME OF MOTHER Amanda J. Beechfield

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

14. INFORMANT (Address) John F. Clay Liberty Mo

15. FILE 7/10/30 W. J. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1930

17. I HEREBY CERTIFY, That I attended deceased from first last two years to June 29 1930 that I last saw her alive on June 25, 1930 and that death occurred, on the date stated above, at about 6 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
She had symptoms of a
fever of unknown origin - with
same disease - just the effect
of old age (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) no other than her
age (duration) _____ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS all tests were negative
 (Signed) John H. Abbott M. D.

*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
Fairview Liberty Mo 6/30 1930

20. UNDERTAKER ADDRESS
Church - Weber & Liberty Mo

