

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

Do not use this space.

19638

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. St. Marys Hub)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2639
St. _____ Ward _____

2. FULL NAME

Emma G. Clarke
(a) Residence. No. Stanhurst Hotel St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 71 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15-1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>71</u>	<u>4</u>	<u>9</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teacher in central
(b) General nature of industry, business, or establishment in which employed (or employer) High School
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Guinotte

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

12. MAIDEN NAME OF MOTHER Annal Brichart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belgium
(STATE OR COUNTRY) _____

14. INFORMANT Mrs James G. Guinotte
(Address) 3806 Locust

15. FILED 6/26, 1930 M. M. Grove
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 19, 1930 to June 24, 1930 that I last saw him alive on June 24, 1930 and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

50 Carcinoma of Breast
530

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Brain involvement causing Starvation (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF about Feb 30
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation Clinical
(Signed) Wm. W. W. M. D.

6-25, 1930 (Address) 814 Argyle 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 Marys Cemetery DATE OF BURIAL June 26 1930

20. UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

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.

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