

AUG 20 1930

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

Do not use this space.

21805

1. PLACE OF DEATH

County Atchinson  
Township Lincoln  
City Westboro (No. ....)

Registration District No. 22  
Primary Registration District No. 14016

File No. ....  
Registered No. 9  
St. .... Ward)

2. FULL NAME Martha B. Clark.

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 3 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 E.L. Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November, 12, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min. 84 7 22

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Boston  
(STATE OR COUNTRY) Mass

PARENTS

10. NAME OF FATHER Wm Jamison

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

12. MAIDEN NAME OF MOTHER Martha Brown

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

14. INFORMANT C. A. McColl.  
(Address) Westboro, Missouri.

15. FILED 7-9-30

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 8 th 19 30

17. I HEREBY CERTIFY, That I attended deceased from June 22 1930 to July 8 1930 that I last saw him or July 8 1930 ju st after death death occurred, on the date stated above, at 5 p m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic gastritis probably ulcers

January 1930 (duration) yrs. 6 mos. .... ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

no DID AN OPERATION PRECEDE DEATH. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Martha B. Clark M. D.

7/10/30 (Address) Westboro, Mo  
\*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 Center Grove DATE OF BURIAL July, 9 19 30

20. UNDERTAKER Scott Tucker ADDRESS Westboro Missouri.

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.

RECORD

