AUG 20 1930

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

Do not use this space.

21966

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 791
City St. Joseph (No. State Hosp. for Insane #2 St. Ward)

2. FULL NAME Laura Clark
(a) Residence. No. St. Joseph Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Single

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
55	8	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Inmate State Hospital
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

PARENTS
10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Hosp. Record
(Address) State Hosp. #2 St. Joseph Mo.

15. FILED 7/11, 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1928, to July 9, 1930, that I last saw her alive on July 9, 1930, and that death occurred, on the date stated above, at 11 40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of large intestine (Primary)
46 C
122 B
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal Obstruction
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of Death
DID OPERATION PRECEDE DEATH? Yes. DATE OF July 8, 1930
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) George W. Forman, M. D.
July 9, 1930 (Address) State Hosp. #2 St. Joseph 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	DATE OF BURIAL
Kahoka, Missouri	July 11 1930
20. UNDERTAKER	ADDRESS
Heaton-BeGole & Bowman	319 S. 10 ch. St.