

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

Do not use this space.

26906

**1. PLACE OF DEATH**

County Jackson  
Township Franklin  
City Kennett Mo. (No. 1421 E. 22)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 3519  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Rose Clemens

(a) Residence. No. 1421 E. 22 St. 4 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 29 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 4 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) None  
(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Lexington Ky  
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Wirk Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lexington Ky  
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Carl Spencer  
(Address) 1421 E. 22 St.

15. FILED 8/26 19 30 M. M. Crowe REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 24 19 30

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1930, to Aug 20, 1930 that I last saw h... alive on Aug 16, 1930 and that death occurred, on the date stated above, at 8:40 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

mitral Insufficiency

18. WHERE WAS DISEASE CONTRACTED 162 (duration) 2 yrs. 2 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Senility (duration) 5 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED POH

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) H. H. Baul, M. D.

25, 19 30 (Address) 824 Rialto 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 Blue Ridge Lawn DATE OF BURIAL August 29 19 30

20. UNDERTAKER Adkins Bros. ADDRESS 2000 E. 12

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.

