

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

Do not use this space.

27784

1. PLACE OF DEATH
 County St. Louis Registration District No. 785
 Township _____ Primary Registration District No. 3037
 City Kirkwood (or 145 N. Washington) St. _____ Ward _____

2. FULL NAME Clara B. Clarkson
 (a) Residence. No. 145 N. Washington St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred _____ 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James D. Clarkson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 - 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
88 | 0 | 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. House work
 (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) Missouri

10. NAME OF FATHER Wm L Scott
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Penn.
 12. MAIDEN NAME OF MOTHER Elizabeth Ranken
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Virg.

14. INFORMANT James D. Clarkson
 (Address) 143 N. Washington

15. FILED 9/9 1930 L. E. Barrett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1925 to Aug 2, 1930 that I last saw him alive on Aug 27, 1930 and that death occurred, on the date stated above, at 11:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
97
 (duration) 10 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 9/10
 (duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) W. C. Henderson M.D.
8/4 1930 (Address) Webster Brown

*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 Oak Hill Cemetery DATE OF BURIAL Aug 4 1930

20. UNDERTAKER Louis H Bopp ADDRESS Kirkwood Mo

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.

1930

