

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.

25 1931

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

Do not use this space.

5989

1. PLACE OF DEATH

County Jasper  
Township Malina  
City Joplin, Mo. (No. \_\_\_\_\_)

Registration District No. 411  
Primary Registration District No. 2002

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

2. FULL NAME

Mrs. Mamie Clark

(a) Residence No. 824 Wall 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 <u>female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Allen Clark</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 29-1900</u>		
7. AGE	YEARS	MONTHS
	<u>30</u>	<u>2</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Housewife 20.</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) _____		
(c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Rice Reeves

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

12. MAIDEN NAME OF MOTHER Etta Mc Guire

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

14. INFORMANT Rice Reeves  
(Address) Anderson mo

15. FILED 3/1, 1931 Admission Clark  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1931  
17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1931, to February 28, 1931, that I last saw her alive on February 28, 1931, and that death occurred, on the date stated above, at 2:25 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Post operative shock following removal of tubercular ovarian cyst 137A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE DISEASE CONTRACTED  
IF NOT A PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? Yes DATE OF February 27, 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Pathological Report

(Signed) Dr. Mitchell Deane, M. D.  
Dr. J. J. Smith  
31, 1931 (Address) Joplin, 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 Anderson mo DATE OF BURIAL 3/1 1931

20. UNDERTAKER Geo Tatum Mew Co ADDRESS Anderson mo

6865-5