

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

Do not use this space.

17742

1. PLACE OF DEATH

County Brandy
Township Trenton
City Trenton (No. 1319)

Registration District No. 330
Primary Registration District No. 3017
Donaldson St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 1319 Donaldson St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Richard Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22 - 1850</u>		
7. AGE <u>80</u>	YEARS <u>4</u>	MONTHS <u>19</u>
DAYS <u>19</u>		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation <u>all life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>		
FATHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	15. MAIDEN NAME <u>Don't know</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	17. INFORMANT <u>R. Y. Clark</u> (ADDRESS) <u>Trenton Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Grove</u> DATE <u>May '3 31</u>		
19. UNDERTAKER <u>Guyson Funeral Home</u> (ADDRESS) <u>Trenton Mo</u>		
20. FILED <u>14 May 1931</u> <u>E. A. Duffey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 31

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931, to May 11 1931.
I last saw him alive on May 11 1931. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:
Myocardial degeneration
Polio Pneumonia
105 9/19/08
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) E. J. ... M. D.
(Address) ...

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.

MARION RESERVED FOR BINDING

AGE 93 MDC

