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.

AUG 26 1931

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

Do not use this space.

24872

1. PLACE OF DEATH

County Howell — Registration District No. 384 — File No. 100

Township — Primary Registration District No. 4 227 — Registered No.

City West Plains (No. , St. Ward)

2. FULL NAME Laura May Clark.

(a) Residence, No. (Usual place of abode) Alton Mo. St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: T.L.G.Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 17 1895

7. AGE: YEARS 35 — MONTHS 10 — DAYS 21 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oregon County Missouri

FATHER

13. NAME: G.W.Duncan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oregon County Missouri

MOTHER

15. MAIDEN NAME: Savanah Risenhover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Leo Carr. Thayer, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Norman DATE 7/5/31 19

19. UNDERTAKER (ADDRESS): Leo Carr Thayer, Mo.

20. FILED 7-9 1931 O.P.A. Heinrich Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1931, to July 4, 1931

I last saw h 4 alive on July 3, 1931. Death is said to have occurred on the date stated above, at 6.30 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis -	July 1-31
Discussed Appendix -	
1.29	
1.29	

Other contributory causes of importance:

Name of operation Drainage Date of 7/3/31

What test confirmed diagnosis? Was there an autopsy? No

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?

If so, specify

(Signed) Gum. [signature], M. D.

(Address) West Plains, Mo