

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.

25327

1. PLACE OF DEATH

County Jackson
Township Prarie
City Lee's Summit (No. _____)

Registration District No. 499
Primary Registration District No. 3352D

File No. _____
Registered No. 140
St. _____ Ward _____

2. FULL NAME

Margaret Elizabeth Clark

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 13 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF M. S. Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-13-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 17

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

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) Westfield, Ohio

13. NAME John Waddell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

17. INFORMANT (ADDRESS) M. S. Clark Lee's Summit, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Lee's Summit, Mo. DATE 1-28-31

19. UNDERTAKER (ADDRESS) Fielder - James Co Lee's Summit, Mo.

20. July 27 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1931

22. I HEREBY CERTIFY That I attended deceased from Oct. 28, 1930, to July 25, 1931
I last saw her alive on July 25, 1931. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach, Oct. 1, 1930

468 468 99
Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) J. Burquey, M. D.
(Address) Lee's Summit, Mo.

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