

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

Do not use this space.

41109

5098

1. PLACE OF DEATH

County Jackson
Township Kenn
City Keosauqua (No. 2423, Case)

Registration District No. 399
Primary Registration District No. 1002

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

2. FULL NAME

Nancy E. Clarke
(a) Residence, No. 2423 Case St. 4 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 Fr 4. COLOR OR RACE ca 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17-1922

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 1 27

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

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

11. 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) Mo

13. NAME Fred Clarke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Kenneth S. Walton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Herman S. Walton
(ADDRESS) 2423 Case

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth DATE Dec 26 1931

19. UNDERTAKER Watson Bros
(ADDRESS) _____

20. FILED 12/26 1931 M. My. Crowe
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1931 to Dec 24 1931

I last saw her alive on Dec 24 1931 Death is said

to have occurred on the date stated above, at 5:30pm

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

Broncho pneumonia following 106D Bronchitis
107A 81B 107A
Other contributory causes of importance:

Mongolian Idiocy

9 Name of operation _____ Date of _____

What test confirmed diagnosis? no 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) HL Dwyer M. D.

(Address) 406 W 34

WRITE YEAR FIRST, 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.

