

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

Do not use this space.

20705

1. PLACE OF DEATH

96 County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033
City Normandy, Mo. No. 3817 Tracoe Ave. St. _____ Ward _____

File No. _____
Registered No. 188
St. _____ Ward _____

2. FULL NAME

Elley Clark
(a) Residence, No. 3817 Tracoe Ave. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1932

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

22. I HEREBY CERTIFY, That I attended deceased from 6-1-32, to 6-30-32

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17 = 1859

I last saw h. alive on 6-30-32 Death is said to have occurred on the date stated above, at 3:30 A.M.

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. 72 73 6 13

The principal cause of death and related causes of importance were as follows:
Myocarditis Acute Date of onset 6-10-32

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

Other contributory causes of importance:
Diabetes Mellitus
Arterio sclerosis
Chr. Nephritis

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) St. Louis Missouri

13. NAME OF FATHER John Bermingham

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

15. MAIDEN NAME OF MOTHER Mary Maloney

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

17. INFORMANT (ADDRESS) Mrs. Catherine Malone 3817 Tracoe Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Calvary Cem. July 2, 1932

19. UNDERTAKER (ADDRESS) Joe. W. Clark 1125 Normandie Ave.

20. FILED 7-1-32 Irma Gray, M.D. Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? Lab 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? no

If so, specify _____

(Signed) Scott L. Burkholder M. D.

(Address) 7303 Natnall Bridge

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.

FILED 27 1932

