

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

Do not use this space.

23161 24
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

49 County Jasper Registration District No. 11
7 Township Jasper Primary Registration District No. 11
5 City Jasper (No. 228 N. 1st) St. _____ Ward _____

2. FULL NAME

Forence Hattie Clark
(a) Residence, No. _____ St. _____ 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. E. Clark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 - 1874
7. AGE YEARS 58 MONTHS 10 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House duties
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-32
22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1932 to 7-17, 1932
I last saw her alive on 7-17, 1932 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Chronic Nephritis
hypertension
Date of onset
?
?
?
?
Other contributory causes of importance:
330/9/1
102/9/1 ①

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
13. NAME George Gardner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Esther Bauman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
17. INFORMANT R. E. Clark
(ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE Clark M. Co. DATE 7/19/32
19. UNDERTAKER (ADDRESS) Hull's Undertaking Co.
20. FILED 7/19/32 Edna Clark Registrar.

Name of operation _____ Date of _____
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) Wm. H. Muehl M. D.
(Address) Jasper, Mo.

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.

MAY 9 4 1932

