

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

Do not use this space.

23215

1. PLACE OF DEATH  
 5.1 County Johnson Registration District No. 427  
 2 Township Madison Primary Registration District No. 4258  
 2 City Holden (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Melissa Rowe Clark  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 55 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Clark  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11-1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 9 7  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 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) Ohio 2  
 MOTHER FATHER 13. NAME John Rowe  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York  
 15. MAIDEN NAME Harriett Post  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT Mrs Nettie Coates  
 (ADDRESS) Holden Mo  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Holden Cemetery DATE July 19 1932  
 19. UNDERTAKER T. H. Johnson  
 (ADDRESS) Holden Mo  
 20. FILED July 18 1932 Edward Audrus Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1932  
 22. I HEREBY CERTIFY (that I attended deceased from April 5 1932 to July 17 1932. I last saw her alive on July 17 1932. Death is said to have occurred on the date stated above, at 8:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
apoplexy -  
82K  
11/5  
at  
 Other contributory causes of importance:  
Flu.; arterio-  
sclerosis.  
 Date of onset \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Edward Audrus M. D.  
 (Address) Holden, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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