

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

Do not use this space.

29300 3473

**1. PLACE OF DEATH**

County Jackson Registration District No. 353 File No. 1008  
 Township Kaw Primary Registration District No. 1008 Registered No. 1008  
 City Franklin City No. 5600 E. 36th St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Birdie Clark  
 (a) Residence, No. 5600 E. 36th St. 14 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 Fe. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
25 11 11

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. 235

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) Texas

13. NAME Nozie P. Creep

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

15. MAIDEN NAME Carrie Boyd

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

17. INFORMANT Bonnie Bowyer Clark  
 (ADDRESS) 5600 E. 36th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickman DATE 9/13 1932

19. UNDERTAKER Hathorns Bros Undk Co.  
 (ADDRESS) 1729 E. 12th

20. FILED Sept 13/1932 B. M. Crome Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/9 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 3-1932 to Sept 9, 1932  
 I last saw her alive on Sept 9, 1932 Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Myocarditis  
and  
aortic  
aneurysm  
of the  
aorta

Date of onset 9/3/32

Other contributory causes of importance: Pleurisy

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis nothing 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) W. J. Jones, M. D.  
 (Address) 1612 E. 12th

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.

