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.

OCT 27 1932

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

Do not use this space.

29808

1. PLACE OF DEATH

64 County Marion — Registration District No. 548 — File No.

Township LIBERTY — Primary Registration District No. 5740 — Registered No. 55

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Vernnie Belle Clark

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Duffield Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30, 1886

7. AGE: YEARS 46 — MONTHS 1 — DAYS x23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) Sept 22, 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankford, Missouri 1

FATHER

13. NAME Zollie Green 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennesee 2

MOTHER

15. MAIDEN NAME Maggie Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankford Missouri 1

17. INFORMANT (ADDRESS): Duffield Clark Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frankford, Mo. DATE 9/25/32, 19

19. UNDERTAKER (ADDRESS): Lewis Bros Palmyra, Mo.

20. FILED Sept. 24, 1932 Nina S. Tucker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1932, to Sept 23, 1932
I last saw her alive on Sept 23, 1932 Death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
93 D
95 B
93 D

Date of onset

Other contributory causes of importance:
Acute Dilitation of the heart (1)

Name of operation none 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) Dr F. D. Wolfe, M. D.
(Address) Palmyra Mo.