

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

Do not use this space.

38663

File No. \_\_\_\_\_  
Registered No. 23  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
13 Baldwell Registration District No. 94  
Breckenridge Primary Registration District No. 6740  
City \_\_\_\_\_ No. \_\_\_\_\_  
2. FULL NAME Francis Ester 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 1 yrs. 7 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3 MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25 1931</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>7</u>
	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	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 <u>194</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Breckenridge Mo</u>		
FATHER	13. NAME <u>Elmer E. Clark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palo. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Ruth E. King</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawson Mo</u>	
17. INFORMANT <u>Elmer Clark</u> (ADDRESS) <u>Breckenridge Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Saint Cemetery</u> DATE <u>Dec 23 1932</u>		
19. UNDERTAKER <u>T. M. Beal</u> (ADDRESS) <u>Breckenridge Mo.</u>		
20. FILED <u>Dec. 23 1932</u> <u>E. A. Thompson</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1932, to \_\_\_\_\_, 19\_\_\_\_  
I last saw her alive on Dec 11, 1932. Death is said to have occurred on the date stated above, at 7:45 a. m.  
The principal cause of death and related causes of importance were as follows:  
Marasmus  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Rachitis, Lack of proper maternal care

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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) E. A. Thompson, M. D.  
(Address) Breckenridge, Mo.

3.—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. JAN 22 1933

