

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.

WAR 2 1918

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

Do not use this space.

40623

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
 Township Amazon Primary Registration District No. 3079  
 City Hannibal (No. St. Elizabeth Hospital St. 6 Ward)

File No. 359  
 Registered No. 5

**2. FULL NAME**

Leta Margaret Clark  
 (a) Residence, No. 719 Lyon St. 3 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur H. Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16 1903</u>		
7. AGE YEARS <u>29</u>	MONTHS	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
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) <u>Edgar Neb.</u>		
13. NAME <u>Ben L. Washburn</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>		
15. MAIDEN NAME <u>Virginia Green</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>		
17. INFORMANT <u>Mr. Raymond Washburn</u> (ADDRESS) <u>Hannibal, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hellins, Mo.</u> DATE <u>12-29-1932</u>		
19. UNDERTAKER <u>Jaymie O'Donnell</u> (ADDRESS) <u>Hannibal, Mo.</u>		
20. FILED <u>1932</u> <u>E. Clausen</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec-24 1932 to Dec 27 1932  
 I last saw her alive on Dec 27 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Labor Pneumonia Date of onset 10/14/32  
10/14/32 / 108  
 Other contributory causes of importance:  
Pregnancy

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..... 1

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify W. S. James, M. D.  
 (Signed) Hannibal, Mo.  
 (Address)

