

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

Do not use this ~~form~~ *cc.*

1241

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 5 Township Blue Primary Registration District No. 3919
 4 City Independence (No. 1213 West College) St. _____ Ward _____
 12. FULL NAME Helen J. Clark
 (a) Residence, No. 1213 West College St. _____ 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.

File No. _____
 Registered No. 22
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 - 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 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) Pittsburg
 MOTHER FATHER 13. NAME John P. Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg
 15. MAIDEN NAME W. H. G. G.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg
 17. INFORMANT (ADDRESS) 1512 Pittsburg Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Zion DATE Jan. 14, 1933
 19. UNDERTAKER (ADDRESS) Garson Funeral Home
 20. FILED Jan. 13, 1933 Dr. G. L. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1933
 22. I HEREBY CERTIFY That I attended deceased from Dec. 11, 1932, to death, 19____
 I last saw her alive on Jan. 3, 1933. Death is said to have occurred on the date stated above, at 1036 Bm.
 The principal cause of death and related causes of importance were as follows:
 _____ Date of onset _____
Uterine Cancer
 48
 Other contributory causes of importance:
48
 3 Name of operation Radium was used locally Date of _____
 What test confirmed diagnosis? _____ 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) Calvin Atkins, M. D.
 (Address) _____

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FEB 28 1933
 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.

