

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. JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH

County Linn
 Township N. Salem
 City N. Salem (No. _____)

Registration District No. 497
 Primary Registration District No. 5672

File No. 17073
 Registered No. 29
 St. _____ Ward _____

2. FULL NAME Martha, Alice Clark

(a) Residence, No. _____ St., _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-7-1864</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>2</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
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

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Levy, Ill</u>
	13. NAME <u>V. O. Peavler</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>
	15. MAIDEN NAME <u>Annie Lewis</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>
	17. INFORMANT <u>Mrs. H. M. Bellin</u> (ADDRESS) <u>Brookfield Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>N. Salem</u> DATE <u>5-18-1933</u>	
19. UNDERTAKER (ADDRESS) <u>C. W. White</u> <u>Brookfield Mo</u>	
20. FILED <u>6/1</u> 19 <u>33</u> <u>Mr. Elmer Alspaugh</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1933 to X 1933

I last saw her alive on 5-13 1933 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:
Artery of Lungs dont know

Other contributory causes of importance:

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Ross H. Sheple, M. D.
 (Address) Green City Mo,

