

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

Do not use this space.

32652

1. PLACE OF DEATH

County Dent
Township Meramec
City (No. , St. Ward)

Registration District No. 306
Primary Registration District No. 303 X 7

File No.
Registered No. 32652

2. FULL NAME Sarah Augusta 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 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 Marcus Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863-8-22

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>1</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Dent Co.

13. NAME James Carty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co.

15. MAIDEN NAME Sarah Ann Love

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Martin Colvins

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove Co. Mo. 10/20 1933

19. UNDERTAKER (ADDRESS) Carl X. Spencer
Salon

20. FILED 10/30 1933 W. B. Kudski, Jr. Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/18 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1930 to Oct 18 1933

I last saw him alive on Oct. 17 1933 Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiorespirational disease Date of onset 1929

Other contributory causes of importance: fracture of hip 1932

causing patient to be bedfast most of time

Name of operation fracture 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? no
If so, specify

(Signed) Clay H. Fink M. D.
(Address) Salon, Mo.

This certificate is to be filled out in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County DeWitt Registration District No. 266 File No. 32652
Township Meramec Primary Registration District No. 2-347 Registered No. 67
City (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah Augusta 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED 10/20 1933 W. E. Ruedd, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Fracture of hip Date of onset _____
By fall on sidewalk near north street at Salem, Mo.

Other contributory causes of importance: _____

Name of operation No Date of _____

What test confirmed diagnosis? Physical 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 1860
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Lloyd H. Hunt, M. D.
(Address) Salem Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGB should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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