

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

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.

JAN 20 1934

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

Do not use this space.

41189

1. PLACE OF DEATH

County St. Francois Registration District No. 774
Township St. Francois Primary Registration District No. 4465
City Flat River, Mo. (No. _____) St. _____ Ward _____

File No. 34
Registered No. _____

2. FULL NAME

(a) Residence, No. Mrs. Alice Clark
(Usual place of abode) Flat River Mo (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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-Cauc. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED; WIDOWED, OR DIVORCED; HUSBAND OF (OR) WIFE OF Herbert Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 6 3

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. own home

10. Date deceased last worked at this occupation (month and year) Dec 23 11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo.

13. NAME Mrs. Henry Howard

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

15. MAIDEN NAME Miss Medred St. James

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

17. INFORMANT Mrs. Medred Howard Mathis

(ADDRESS) Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett, Mo. DATE December 26 1933

19. UNDERTAKER Gray & Hood

(ADDRESS) Flat River, Mo.

20. FILED 7/28 19 33 B. B. Tanner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1933

I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Dec 25 1933

I last saw her alive on Dec 20 1933 Death is said to have occurred on the date stated above, at 3 P. m.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: 23

Name of operation Cloned 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 Pulmonary Tuberculosis M. D.

(Signed) Joseph B. ... (Address) Flat River, Mo.

