CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

82

1. PLACE OF DEATH
County Savoy — Registration District No. 37 — File No.
Township Washburn — Primary Registration District No. 5053 — Registered No.
City (No. , St. Ward)

2. FULL NAME Lena May Clark
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Frank Clark

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

7. AGE YEARS 42 MONTHS DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
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) Shell Knob Mo

FATHER
13. NAME George Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Ledgewood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shell Knob Mo

17. INFORMANT (ADDRESS) Frank Clark Washburn, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washburn prairie DATE Feb 1 1934

19. UNDERTAKER (ADDRESS) M. D. Koon Cassville, Mo

20. FILED 2/10 1934 Jewell Koller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1932, to Jan. 31 1934
I last saw her alive on Jan. 31 1934. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pan Carditis with mitral and aortic regurgitation	1917

Other contributory causes of importance:
Chronic tonsillitis and pulvic disease.

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? DO
If so, specify
(Signed) E. E. McDaniel, O.D. M.D.
(Address) Cassville, Mo

DR. E. E. McDANIEL
BARRY HOTEL BUILDING
CASSVILLE, MO.

10/9/4

Dear Miss Roller:

This death certificate is O.K.

I can't understand how they get the principal cause of death as "pelvic disease" from this death certificate.

The fact of the matter is it was a plain case of death from a failing heart. She might have had some chronic pelvic trouble but it in no way entered into the cause of her death.

I only saw her twice just before her death. Previously she had been doctored by the old man who left Sebrigan and Dr. Geo. Newman.

Yours truly
Dr. E. E. McDaniel.

1934

S(2)-82

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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 Barry — Registration District No. 37 — File No. 82
Township Washburn — Primary Registration District No. 5053 — Registered No.
City (No. , St. Ward)

2. FULL NAME Lena May Clark
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) M -
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Clark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29 - 1892
7. AGE YEARS 42 MONTHS — DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
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) Shell Knob

FATHER
13. NAME George Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME — Ledgewood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shell Knob Mo

17. INFORMANT (ADDRESS) Frank Clark Washburn Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Washburn Prairie DATE Feb 1 1934
19. UNDERTAKER (ADDRESS) W. D. Koon Cassville Mo
20. FILED 2/10 1934 Jewell Roller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1934
22. I HEREBY CERTIFY That I attended deceased from 6 - 15 1932 to 1 - 31 1934
I last saw her alive on 1 - 31 1934 Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:
Chr. Pancarditis with mitral & aortic regurgitation. Date of onset
92a
Other contributory causes of importance:
Chr. Tonsilitis & Pelvic Dis. (Chronic non specific oophoritis)
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) E. E. McDaniel D.O., M. D.
(Address) Cassville Mo -

SUPPLEMENTARY

S(2)-82