

MAY 25 1934

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

Do not use this space.

12565

140

1. PLACE OF DEATH

County GreeneRegistration District No. 0File No. 140Township SpringfieldPrimary Registration District No. 821 Mt VernonRegistered No. 140City Springfield (No. 821 Mt Vernon Ward)

2. FULL NAME

Cornelia Meyer Clark(a) Residence, No. 821 Mt Vernon St. Ward.

(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 Geo Clark

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

7. AGE YEARS 85 MONTHS ✓ DAYS ✓ If LESS than 1 day, hrs. or min.

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

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) Rochester N.Y.

13. NAME Foster

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

15. MAIDEN NAME unknown

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

17. INFORMANT Clark Carson (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 4-20 1934

19. UNDERTAKER H.H. Schumacher (ADDRESS) 1144 Mo.

20. FILED 4-19 1934 Springfield Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17 1934 to April 17 1934
I last saw her alive on April 17 1934 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:

Date of onset

2. Myocarditis
2. Cerebral haemorrhage
Scintilla

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

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? Yes
If so, specify 2 Paul Astorway (Signed) 211 20 Jefferson M. D.
(Address) Springfield Mo

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.

STATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Information should be carefully checked. These blanks should be filled in by the physician.

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