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.

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

Do not use this space.

File No. 21557

Registered No. 89

1. PLACE OF DEATH

County: Randolph — Registration District No.: 783

Township: Sugar Creek — Primary Registration District No.: 3034

City: Moberly (No. Woodland Hospital St. Ward)

2. FULL NAME: Savannah Clark

(a) Residence, No. Clarence, Mo. St. R.R. 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: Male

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~~: Harriett Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 8, 1890

7. AGE: Years 43 | Months 9 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm

10. Date deceased last worked at this occupation (month and year): June 1924

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe County Missouri

FATHER

13. NAME: James Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe, County Missouri

MOTHER

15. MAIDEN NAME: Josie Wiles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby County Missouri

17. INFORMANT (ADDRESS): Sidney Holder, Holliday, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Oak Grove Cemetery DATE: ....19..

19. UNDERTAKER (ADDRESS): Fred Thompson, Madison Mo.

20. FILED: 6/4 1934 Virginia Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934, to June 4, 1934

I last saw him alive on June 4, 1934. Death is said to have occurred on the date stated above, at 12:15 P m.

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

	Date of onset
Acute appendicitis	~~June~~ May 29 1934
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Other contributory causes of importance

Name of operation: Appendectomy Date of: June 3/34

What test confirmed diagnosis? Op. Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X 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: No

(Signed) R. D. Streeter, M. D.

(Address) Moberly Mo