

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

Do not use this space.

34906

OCT 3 1934

**1. PLACE OF DEATH**

County Saline Registration District No. 801  
Township Liberty Primary Registration District No. 6045  
City (No. St. Ward)

**2. FULL NAME**

Harrish Elizabeth Clark

(a) Residence, No. 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 James Harrison Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 3 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 127B

10. Date deceased last worked at this occupation (month and year) 127B 11. Total time (years) spent in this occupation 1932

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

13. NAME Mr. Stuebel

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

15. MAIDEN NAME Mary Ellen McMahon

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

17. INFORMANT Jessie Rex Clark (ADDRESS) 1111 Main Hall Mo. H. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon Grove DATE Sept 16 1934

19. UNDERTAKER J. H. Campbell (ADDRESS) Marshall Mo.

20. FILED Sept 16 1934 Rose C. Harrison Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1931, to Sept 14, 1934

He last saw h. Er alive on Sept 13, 1934 Death is said to have occurred on the date stated above, at 2 35 a. m.

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

atrophic sclerosis of thyroid with several years of catarrhal gall bladder

Other contributory causes of importance: ascites

Name of operation None Date of 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? X Date of injury X, 1934

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X X

Nature of injury X X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Robertson, M. D.

(Signed) Robertson, M. D.

(Address) Marshall 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.

OCT 9 - 1934

