

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

Do not use this space.

NOV 20 1934

1. PLACE OF DEATH

County Barren Registration District No. 501
Township West Creek Primary Registration District No. 5666
City (No. _____) St. _____ Ward _____

File No. 36582

Registered No. _____

2. FULL NAME Clara Hestgate Clark

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

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 J. S. Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
61 6 16

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House wife

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) High Co. Missouri

13. NAME Geo. H. Hestgate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Menard Illinois

15. MAIDEN NAME Cochrane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ayrshire Scotland

17. INFORMANT (ADDRESS) J. S. Clark Junius

18. BURIAL, CREMATION, OR REMOVAL PLACE L.O.F. Cem. DATE Oct 31 1934

19. UNDERTAKER (ADDRESS) Thorne Undert. Co. Junius, Mo.

20. FILED 11-7 1934 J. W. Webb Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1930 to 10/29/34, 19____
I last saw her alive on 12/29/34, 19____ Death is said to have occurred on the date stated above, at 12 P. m.

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

Chronic Glomerular Nephritis Date of onset _____
131 95 B 131 no history

Other contributory causes of importance: detached retina 1/18/34

Name of operation none Date of _____

What test confirmed diagnosis? Spinal fluid 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 _____ (Signed) J. M. Quinn, M. D.
(Address) Junius 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.

