

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.

JAN 14 1935

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. 4917A, Highland Ave. St. Ward)

44889

File No.
Registered No. 12039

2. FULL NAME

Mary Sophronia Clark
(a) Residence, No. 4917A Highland Ave., Ward.

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miriam Hardin Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 7, 1851</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>4</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 1934</u>	
	11. Total time (years) spent in this occupation <u>67</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>	
	13. NAME <u>Thomas Wood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green County, Illinois</u>	
FATHER	15. MAIDEN NAME <u>Maragret Bourne</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>French Village, Illinois</u>	
	17. INFORMANT <u>W. A. Clark</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Montgomery Cemetery, Wood River, Missouri</u> DATE <u>Dec. 23</u> , 19 <u>34</u>		
19. UNDERTAKER <u>Robert H. Strepper</u> (Address) <u>2521 E. Edwards St. Alton, Ill.</u>		
20. FILED <u>J. F. Bredeck</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Dec 19, 1934
I last saw her alive on Dec 18, 1934 Death is said to have occurred on the date stated above, at 6:50 p.m.
The principal cause of death and related causes of importance were as follows:
Senile stroke of Rt. side. Cerebral hemorrhage
Other contributory causes of importance
Hypertension, chronic

Name of operation Date of
What test confirmed diagnosis? Typical 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 H. L. Meador, M. D.
(Signed) E. Clayton, M. D.
(Address) 710

