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.

APR 26 1935

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

Do not use this space.

5640

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5640
Township Raw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo (No. 2324 Belleview St. Ward)

2. FULL NAME Carrie Clay
(a) Residence, No. 2324 Belleview St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Urias Clay
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-8-1844
7. AGE: YEARS 91 — MONTHS 1 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Wisconsin

FATHER
13. NAME: Henry Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Mary Newlove
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs. Sadie Hendrickson, 2348 Mercer
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Floral Hill DATE: Mar 2 1935
19. UNDERTAKER (ADDRESS): A. P. Doehler, 1415 East 15
20. FILED: 3/2 1935 M M Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-28, 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 1 Chronic, 19..., to ..., 19...
I last saw h..... alive on ..., 19..... Death is said to have occurred on the date stated above, at 4 30 m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis — Date of onset
9 30
Other contributory causes of importance:
No
Name of operation ..... Date of .....
What test confirmed diagnosis? Injection 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 .....
(Signed) [signature], M. D.
(Address) .....