

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

Do not use this space.

1. PLACE OF DEATH, 9 1935

County Jasper
Township Mineral
City Stockport (No. St. Ward)

Registration District No. 394
Primary Registration District No. 4550

File No. 9501
Registered No. 3

2. FULL NAME Lenna A. 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 36 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. N. Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>3</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. At Home

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

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

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) North Carolina

13. NAME Ree Froya Luger

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

15. MAIDEN NAME

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

17. INFORMANT Spencer A. Davis
(ADDRESS) Fiswell Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Fiswell Cem DATE Mar 20 1935

19. UNDERTAKER Wells Mortuary
(ADDRESS) Centenary

20. FILED Apr 10 19 Phelma Luger Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1935 to Mar 18 1935
I last saw her alive on Mar 17 1935 Death is said to have occurred on the date stated above, at 6:50 m.

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

Broncho Pneumonia Date of onset 3-14

Other contributory causes of importance:
mitral insufficiency

Name of operation Date of
What test confirmed diagnosis? 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) W. J. Davis M. D.
(Address) Centenary

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