

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

Do not use this space.

JUN 27 1935

17460

1. PLACE OF DEATH

County Pulaski
Township Liberty
City (No.)

Registration District No. 712
Primary Registration District No. 5941

File No.
Registered No. 22
St. Ward)

2. FULL NAME

Miss Alta 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 35 yrs. 0 mos. 21 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) Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 13-1900
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 0 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home work
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Near Richland
(STATE OR COUNTRY) Pulaski County, Mo.

10. NAME OF FATHER Leslie DeFont Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Amanda Sheldon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Leslie DeFont Clark
(Address) Richland Mo.

15. FILED 5-4 1935 C. Oliver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1935

17. I HEREBY CERTIFY, That I attended deceased from May 2 1935, to May 4 1935, that I last saw him alive on May 4 1935, and that death occurred, on the date stated above, at 4 12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meselas

(duration) yrs. mos. 9 ds.
CONTRIBUTORY unknown
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Red side
(Signed) C. Oliver M. D.

5-4 1935 (Address) Richland Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL HAZELGREEN - 1770 DATE OF BURIAL MAY 6 1935

20. UNDERTAKER J. L. Hoops & Sons ADDRESS Grocker 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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