

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

Do not use this space.

28723

SEP 20 1935

1. PLACE OF DEATH
 49 County Jasper Registration District No. 408
 5 Township _____ Primary Registration District No. 3020
 7 City Carthage Mo (No. 230 N. Maple) St. _____ Ward _____
 2 FULL NAME Chal Evelyn Clark
 (a) Residence, No. 230 N. Maple St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9th 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 9 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
 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) Pineville Mo.
 MOTHER FATHER 13. NAME Nathan Clark
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Unice Testerman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Mr Nathan Clark, Father
 (ADDRESS) 230 N. Maple St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Aug 24, 1935
 19. UNDERTAKER Olmer - Drake
 (ADDRESS) Carthage Mo
 20. FILED Aug 6, 1935 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4th 1935
 22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1935, to Aug 4, 1935
 I last saw him alive on Aug 3, 1935. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Ch. Pul. Tuberculosis Date of onset 1933
 Other contributory causes of importance: none
 Name of operation none Date of
 What test confirmed diagnosis? May Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) H. A. LaFare M. D.
 (Address) Carthage Mo

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.

