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

JAN 17 1936

Do not use this space.

40386

1. PLACE OF DEATH
County: Monroe
Township: Jackson
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 582
Primary Registration District No. 5779

File No. .....
Registered No. 67

2. FULL NAME: Bertha Belle 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 5 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hade M. Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25, 1882

7. AGE: Years 53 | Months 0 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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 this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co., Mo.

FATHER
13. NAME: George Orr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. K.

MOTHER
15. MAIDEN NAME: Jane Adkinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. K.

17. INFORMANT (ADDRESS): H. M. Clark, Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Shiloh Church DATE: 12/28, 1935

19. UNDERTAKER (ADDRESS): Speed & Blakey, Paris, Mo.

20. FILED: 12/27, 1935. H. E. Payne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1935, to Dec 27, 1935.
I last saw her alive on Dec 27, 1935. Death is said to have occurred on the date stated above, at 7:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	N. K.

Other contributory causes of importance: .....

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory 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? No
If so, specify .....
(Signed) Geo. M. Bagby, M. D.
(Address) Paris, 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.