

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

Do not use this space.

4921

MAR 17 1936

1. PLACE OF DEATH

County Cape Girardeau
 Township _____
 City CAPE GIRARDEAU (No. St. Francis Hosp)

Registration District No. 125
 Primary Registration District No. 3009

File No. _____
 Registered No. 49
 St. _____ Ward _____

2. FULL NAME

Mrs. Emma E. Clark
 (a) Residence, No. 870 Merrewethen Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 - 1893

7. AGE YEARS 41 MONTHS 7 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home help
 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) Lawrence, Kansas

MOTHER 13. NAME Reber, Purwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottawa, Kan.

15. MAIDEN NAME Mary B. Hearn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian, Mo.

17. INFORMANT Mrs. Emma Clark (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Kansas City, Mo. DATE 2-14 1936

19. UNDERTAKER Dr. J. P. Howell (ADDRESS) Cape Girardeau, Mo.

20. FILED 2-13 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1935, to 2-13, 1936

I last saw her alive on 2-12, 1936. Death is said to have occurred on the date stated above, at 6452 St. _____

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

Intestinal Obstruction Date of onset 2-5-36

Other contributory causes of importance _____

Name of operation Hysterectomy Date of 2-7-36
 What test confirmed diagnosis? _____ Was there an autopsy? no

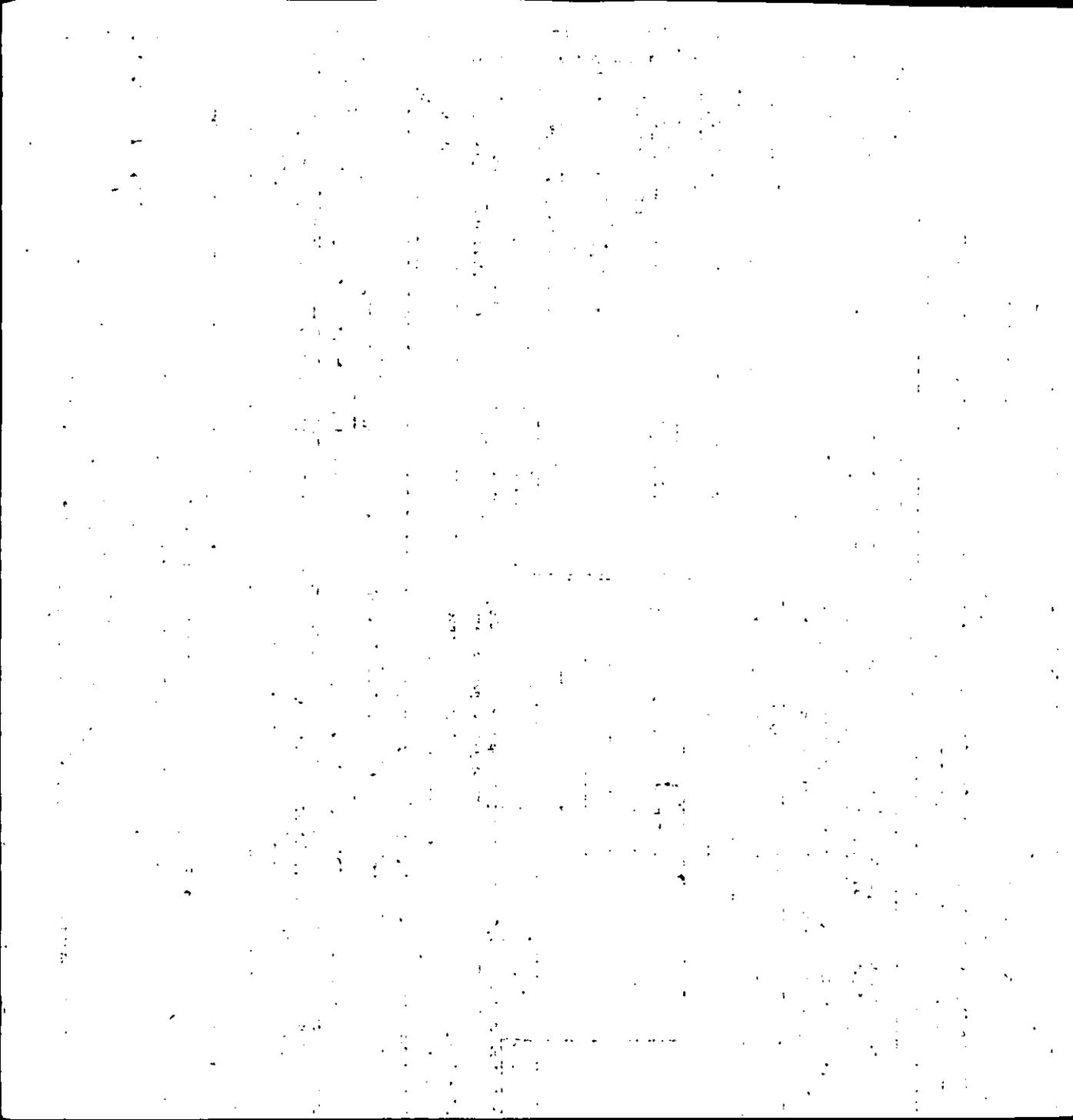
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1936

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) P. A. Ritter, M. D.
 (Address) Cape Girardeau, Mo.



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1. PLACE OF DEATH

County Cape Girardeau
Township Cape Girardeau
City Cape Girardeau (No. _____) St. _____ Ward _____

Registration District No. 125
Primary Registration District No. 3009

File No. _____
Registered No. 47

2. FULL NAME Mrs. Rosemary E. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>42</u>	<u>2</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 4-7 1936 J.M. Lumsden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: Intestinal obstruction Date of onset _____

There was no malignancy of the uterus.

Other contributory causes of importance: Subserosal tumor of uterus

Name of operation Hysterectomy 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, 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) R.O. Peltier, M. D. (Address) Cape Girardeau Mo

DUPLICATE

S-4921