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.

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

Do not use this space.

5981

1. PLACE OF DEATH MAR 21 1936

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 796

City Kansas City (No. 3927 Wyandotte St. Ward)

2. FULL NAME Elizabeth A. Clark

(a) Residence, No. 3927 Wyandotte St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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): April 4, 1871

7. AGE: YEARS 64 — MONTHS ~~8~~ 9 — DAYS 8 — 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): St. Louis Missouri

FATHER
13. NAME: Archibald Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Scotland

MOTHER
15. MAIDEN NAME: Jane ? Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Scotland

17. INFORMANT (ADDRESS): Miss Annette Douglas 3927 Wyandotte St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Elmwood Cemetery
PLACE Kansas City, Mo. DATE Feby. 14 1936

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED 2/14 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Febry 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1936, to 2-12, 1936

I last saw her alive on 2-12, 1936 Death is said to have occurred on the date stated above, at 1 P. m.

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

Cerebral Hemorrhage Hypertension — Date of onset

Other contributory causes of importance: Cardio Vascular Sclerosis

Name of operation: Female — Date of

What test confirmed diagnosis? Was there an autopsy? 0

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) W. P. Mellen, M. D.

(Address) 707 Argyle

TA