

MAR 24 1936

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

Do not use this space.

6854

## 1. PLACE OF DEATH

County MillerTownship                     City Attterville (No.                     )Registration District No. 561Primary Registration District No. 506 55File No.                     Registered No. 12St.                      Ward                     2. FULL NAME Eliza Ann 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

female

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFGeorge Clark6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1860

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.751125

OCCUPATION

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

Housewife

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)

Missouri

FATHER

## 13. NAME

Reuben Jenkins

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

Virginia

MOTHER

## 15. MAIDEN NAME

Eliza Ann Fallon

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

Ohio

## 17. INFORMANT (ADDRESS)

Ira Clarkie  
Attterville

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt Pleasant

DATE

2-11-36

19.

## 19. UNDERTAKER (ADDRESS)

Phillips Funeral Home  
Elton, Mo

## 20. FILED

2-10-1936Belle Haynes  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1936, 1922. I HEREBY CERTIFY, That I attended deceased from Nov 1935, to Jan 1936I last saw her alive on Feb 3, 1936 Death is saidto have occurred on the date stated above, at 3 p.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance

arteriosclerosisName of operation                      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 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?                     If so, specify                     (Signed) O. F. Bunk(Address) Elton, Mo.

M-D-O

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.

