

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

Do not use this space.

7303

**MAR 24 1936**

1. PLACE OF DEATH  
 County RANDOLPH Registration District No. 136  
 Township Pratt Primary Registration District No. HA 35  
 City CLARK MO (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 5

2. FULL NAME MRS MARY JARMAN  
 (a) Residence, No. CLARK MO St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 60 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 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 OF JAMES EDWARD JARMAN  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 1850  
 7. AGE YEARS 86 MONTHS 1 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 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. HOUSEKEEPER  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) MEMPHIS (STATE OR COUNTRY) TENN.

FATHER  
 13. NAME SIDNEY SMITH.

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

MOTHER  
 15. MAIDEN NAME MISS JULIA ANN BOONE

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

17. INFORMANT ELLA FARSON, (ADDRESS) CLARK MO

18. BURIAL, CREMATION, OR REMOVAL PLACE CHAPEL GROVE FEB 12 36

19. UNDERTAKER SNOW FUNERAL HOME (ADDRESS) MOBERLY MO.

20. FILED FHS 1936 SEPT 11 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1936 to Feb 10 1936  
 I last saw him alive on Feb 8 1936 Death is said

to have occurred on the date stated above, at 5 25 AM

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

Insufficiency of age Date of onset

Other contributory causes of importance:  
167

Name 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 \_\_\_\_\_, 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) R. A. Woods, M. D.  
 (Address) Clark 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.

