

alberton

APR 23 1938

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

Do not use this space.

10970

1. PLACE OF DEATH

County Cass
Township Raw
City Wanda City

Registration District No. 399
Primary Registration District No. 2227 Bell Street

File No.
Registered No. 1646
St. Ward)

2. FULL NAME

May J. Clark
(a) Residence, No. 2227 Bell St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 1938

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

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1938 to March 23, 1938
I last saw her alive on March 22, 1938 Death is said to have occurred on the date stated above, at 5:04 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1865

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

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

70 8 16

Lobar Pneumonia Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Other contributory causes of importance: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

Name of operation none Date of
What test confirmed diagnosis? no Was there an autopsy? no

13. NAME James Perry

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

15. MAIDEN NAME Charlotte

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

17. INFORMANT (ADDRESS) Leta Jones
2227 Bell St

18. BURIAL, CREMATION, OR REMOVAL PLACE Cudra, Kans. DATE March 26 1938

19. UNDERTAKER (ADDRESS) Nathan W. Thayer
1520 N. 5th St.

20. FILED March 26 1938 M. M. Grove Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury

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) J. W. Wellman, M. D.
(Address) Kansas City, 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.

WRITE PLAINLY, WITH CAPITAL LETTERS TO THE TOP OF EACH LINE.

