

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. 18542
Registered No. 158
St. _____ Ward _____

2. FULL NAME Maurice Clark

(a) Residence, No. 524 Clay 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 <u>Female</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1-1873</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>0</u>	DAYS <u>20</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>
	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) Boone Co., Mo.
(STATE OR COUNTRY)

13. NAME Oscar Cook
FATHER Va.

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

15. MAIDEN NAME Mary Cook
MOTHER Va.

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

17. INFORMANT Nable Mitchell
(ADDRESS) 524 Clay St. Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calsanyer DATE 5-23 1936

19. UNDERTAKER A. C. Freeman
(ADDRESS) Columbia Mo.

20. FILED 5/23/36 1936 Allie Selby
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 19 1936 to May 21 1936
I last saw her alive on May 20 1936 Death is said to have occurred on the date stated above, at 3:30 P. m.

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

Bronchitis
Myocardia

Other contributory causes of importance
ASD

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 _____, 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) J. W. Weaver M. D.
(Address) Columbia Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

