

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.

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

Do not use this space.

OCT 29 1936

1. PLACE OF DEATH

County Laclede
 Township Grant
 City St. Louis (No. St. Ward)

Registration District No. 238
 Primary Registration District No. 3327

File No. 37197-1
 Registered No.

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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 Johnathon Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1851

7. AGE YEARS 85 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.

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) Cedar Co. Mo.

13. NAME Jas. M. O'Conner

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

15. MAIDEN NAME Sarah M. Hemaster

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

17. INFORMANT (ADDRESS) Mrs. F. E. Church, Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Omar, Cedar Co. DATE Oct. 22 1936

19. UNDERTAKER (ADDRESS) G. A. Phillips, Golden City, Mo.

20. FILED 10-26 1936 J. A. White Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 - 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19 35 to Oct 16 1936. I last saw her alive on Oct 16 1936. Death is said to have occurred on the date stated above, at 12:00 p.m.

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

Chronic Valvular Heart Disease Date of onset

Other contributory causes of importance:

Name of operation Date of

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) G. J. W. Hope, M. D.

(Address) Golden City Mo.

