

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

Do not use this space.

DEC 4 1936

40187

1. PLACE OF DEATH

County Vernon
Township Washington
City (No.) (State) (Ward)

Registration District No. 875
Primary Registration District No. 2167

File No.
Registered No. 301 (Ward)

2. FULL NAME

Clark, Mary Elizabeth

(a) Residence, No. State Hospital no 3, Nevada Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 11 mos. 5 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

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

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to Oct 21, 1936
I last saw her alive on Oct 20, 1936 Death is said to have occurred on the date stated above, at 12:00 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1847

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

7. AGE YEARS 89 MONTHS 4 DAYS no IF LESS than 1 day, hrs. or min.

1018
Branch pneumonia Date of onset 10/18/36

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, 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

Other contributory causes of importance:
Chronic myocardial insufficiency

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Indiana

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

FATHER 13. NAME Wm Lockridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Indiana

MOTHER 15. MAIDEN NAME ?

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

17. INFORMANT John R. Clark (ADDRESS) Secured

18. BURIAL, CREMATION, OR REMOVAL Hospital Cemetery DATE Oct 21, 1936

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Murphy, Mo.

20. FILED Oct 21, 1936 M. C. Dickinger Registrar

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W. W. Pearce Jr. M. D.
(Address) State Hosp no 3, Nevada 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.

