

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township White
City Windsor (No. 194)

Registration District No. 60
Primary Registration District No. 5895

File No. 4961
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Elizabeth Ann Clark

(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 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-28-1846
7. AGE YEARS 90 MONTHS 5 DAYS 24 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 life

12. BIRTHPLACE (CITY OR TOWN) Columbus (STATE OR COUNTRY) Ohio

13. NAME Lewis Stanton

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

15. MAIDEN NAME Ruby Brooks

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

17. INFORMANT Mary E. Keseman (ADDRESS) Lincoln Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive Mo. DATE 2-22 1937

19. UNDERTAKER T. E. Wilkinson (ADDRESS) Lincoln Mo.

20. FILED Feb 24 1937 Mo. Amy X. Rhoads Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1937, to Feb. 13 1937. I last saw her alive on Feb. 13 1937. Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:
Senility Date of onset 1930

Other contributory causes of importance:
Influenza 2-4-37
Circulatory failure 2-21-37

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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) C. E. Bennett, M. D.
(Address) Lincoln 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.

