

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.

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City..... of St. Louis (No. 1832, So. 8th Street

Registration District No. 791  
Primary Registration District No. 1003

File No. 8407  
Registered No. 1858  
St. Ward

2. FULL NAME

Hannah Clark

(a) Residence, No. 1832 So. 8th Street, 23 Ward. (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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1863,

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 11 28

OCCUPATION  
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) Missouri

FATHER  
13. NAME Unknown

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

MOTHER  
15. MAIDEN NAME Unknown

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

17. INFORMANT Isaac Clark  
(ADDRESS) 1720 So. 7th Street

18. BURIAL CREMATION OR REMOVAL to Piedmont, Mo  
PLACE DATE Feb. 12, 1937

19. UNDERTAKER C. W. McLaughlin  
(ADDRESS) 2301 Lafayette Ave

20. FILED FEB 12 1937 J. S. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936 to Feb 11, 1937  
I last saw her alive on Feb 6, 1937 Death is said to have occurred on the date stated above, at 7 P. M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1935  
Chronic Bronchitis 1936  
Date of onset

Other contributory causes of importance:  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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) A. B. Johnson M. D.  
(Address) 4602 Grand

