

MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH

41 County Harrison Registration District No. 346
Township Washington Primary Registration District No. 2483
City (No. _____) St. _____ Ward _____

File No. 16448
Registered No. 3

2. FULL NAME Mary Josephine Clark

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Clark Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Ohio

13. NAME Samuel Poe

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

15. MAIDEN NAME Phibia Claypool

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

17. INFORMANT Theresa Dollars
(ADDRESS) Martinsville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wissley Chapel DATE Apr 28 1937

19. UNDERTAKER W. H. Noble
(ADDRESS) New Hampton Mo

20. FILED May 1 1937 Chas. A. Adair
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1937, to Apr 27 1937. I last saw her alive on Apr 26 1937. Death is said to have occurred on the date stated above, at 9:10 a.m. The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon

Other contributory causes of importance: HT
myocarditis

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) A. L. Weisberg, M. D.

(Address) Bethany Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
FATHER
MOTHER
2292

