

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.

MAY 31 1937

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

Do not use this space.

17494

1. PLACE OF DEATH
96 County St. Louis Registration District No. 333
3 Township St. Ferdinand Primary Registration District No. 4462
4 City South Kinloch (No. South Kinloch) St. _____ Ward)

File No. _____
Registered No. 67

2. FULL NAME Sarah Clark
(a) Residence, No. South Kinlock 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

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1869

7. AGE YEARS 68 MONTHS — DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Laundress
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

MOTHER FATHER
13. NAME Ned Starks

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

15. MAIDEN NAME Mary Jane 2

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

17. INFORMANT Annie Clark (ADDRESS) South Kinlock

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 4/9/37 19. _____

19. UNDERTAKER W. S. Wade Und. Co. (ADDRESS) 4202 Finney Ave.

20. FILED 4-9 19 37 W. A. Zeidler Registrar. Ed. L. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7: PM. The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
930

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Medical History 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 4

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John D. Cornell M.D.

(Address) Coroner, St. Louis

