

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

Do not use this space.

MAY 31 1937

17911

1. PLACE OF DEATH

County North
Township Allen
City (No.)

Registration District No. 905
Primary Registration District No. 6216

File No.
Registered No. St. Ward

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4/1 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21/1861

7. AGE YEARS 76 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or min.

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) Perry County Pa. (STATE OR COUNTRY) Pa.

13. NAME Samuel H. Clark

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

15. MAIDEN NAME Elizabeth Ramsey

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

17. INFORMANT J. P. Brown (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 3/23 1937

19. UNDERTAKER Brown Bros. (ADDRESS)

20. FILED Apr 12 1937 A. L. Perry Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1937, to March 22, 1937. I last saw her alive on March 21, 1937. Death is said to have occurred on the date stated above, at 3 P. M. The principal cause of death and related causes of importance were as follows:

1. Lobar pneumonia
March 15th 1937

Other contributory causes of importance: 108

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? no. If so, specify (Signed) A. L. Perry, M. D. (Address) Shenandoah, Mo.

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

