

JUL 31 1937

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

Do not use this space.
24493
File No. 60
Registered No. 60
St. _____ Ward)

1. PLACE OF DEATH
County St. Louis Registration District No. 601
Township Little Branch Primary Registration District No. 8-862
City _____ No. _____ St. _____ Ward)

2. FULL NAME Mrs J. C. Clark
(a) Residence, No. Columbia 700 9th St. Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-30-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 11 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) June 1937 11. Total time (years) spent in this occupation 4 1/2

MOTHER / FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co
13. NAME John Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
15. MAIDEN NAME Prinie Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
17. INFORMANT (ADDRESS) J. C. Clark
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 6-22-37
19. UNDERTAKER (ADDRESS) W. S. Smith
20. FILED June 23, 1937 C. A. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

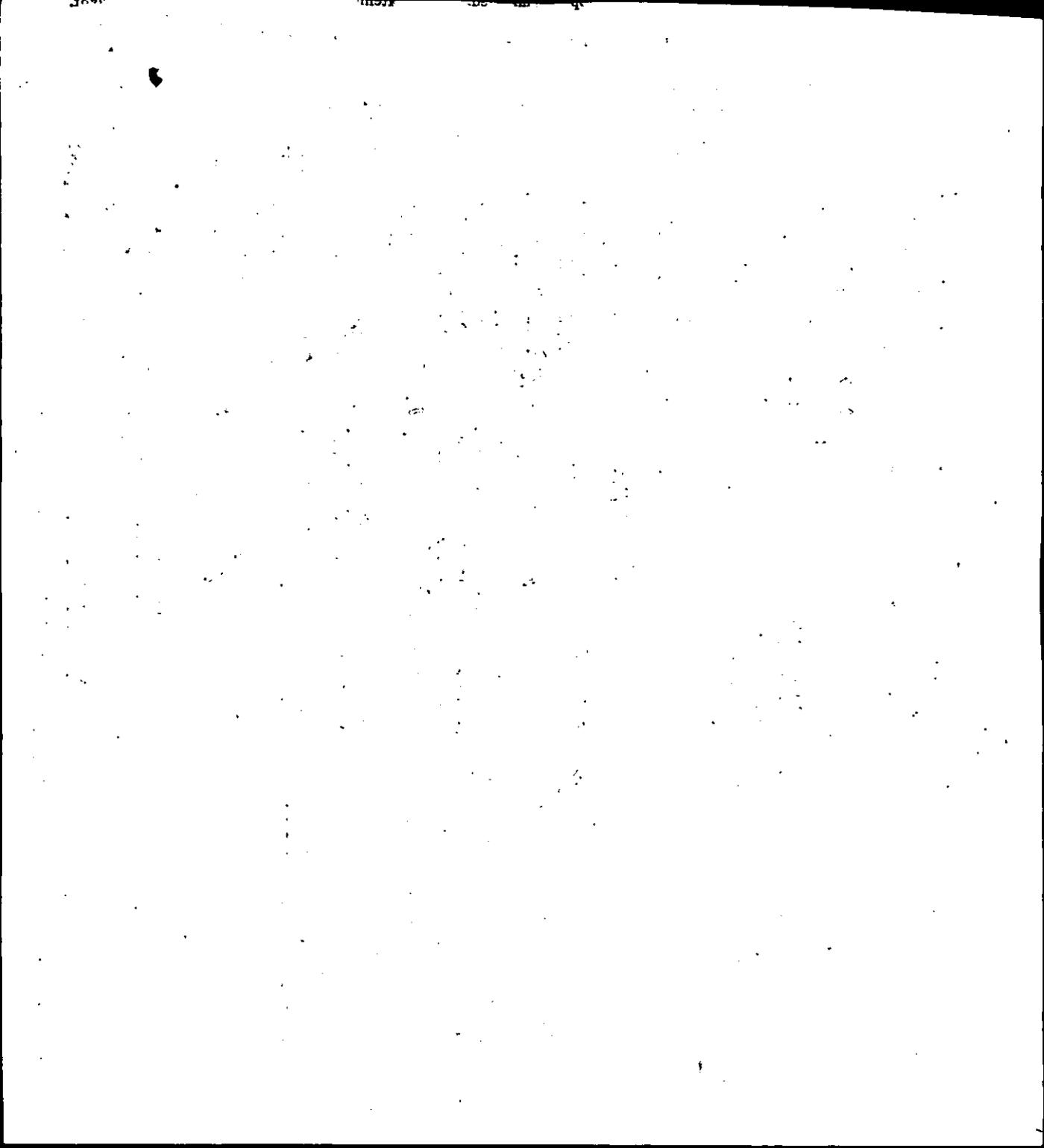
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-1937

22. I HEREBY CERTIFY, That I attended deceased from 6/21, 1937, to 6/21, 1937
I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
undetermined heart disease. Death was sudden
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) W. P. Phipps, M. D.
(Address) Caruthersville, Mo.

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.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Camden Registration District No. 65-1 File No. 24493
Township Little Prairie Primary Registration District No. 5-862 Registered No. 65
City (No.) St. Ward

2. FULL NAME

Emma Jane 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 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-37

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

22. I HEREBY CERTIFY, That I attended deceased from

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

to, 19...
I last saw h... alive on, 19... Death is said to have occurred on the date stated above, at m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 21

The principal cause of death and related causes of importance were as follows:

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

Date of onset

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

Other contributory causes of importance:
Name of operation Date of...
What test confirmed diagnosis? Was there an autopsy?

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Aug. 17, 1937 Ada Martin Registrar.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.
(Signed) G. M. Phipps, M. D.
(Address) Caruthersville

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

24493