

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boone MissouriRegistration District No. 125Township "Primary Registration District No. 3009City "(No. 923 Good Hope St)File No. 30337Registered No. 266St. "Ward) "2. FULL NAME Elizabeth M. Clark(a) Residence, No. 923 Good Hope 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

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12, 1857

7. AGE

YEARS 80MONTHS 4DAYS 16

If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Data 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) Boone, Missouri13. NAME Wm. E. Alford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky15. MAIDEN NAME Meranda Moore16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky17. INFORMANT Mrs. Minnie Clark Kelly(ADDRESS) Boone, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE FairmountDATE Aug. 30, 193719. UNDERTAKER Walther Funeral Home(ADDRESS) Boone, Missouri20. FILED 8-26-37

1937

J. M. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 193722. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1937 to Aug 28, 1937I last saw her alive on Aug 27, 1937 Death is saidto have occurred on the date stated above, at Boone, Mo.

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

Arterio SclerosisDate of onset neverknown

Other contributory causes of importance:

Name of operation noneDate of noneWhat test confirmed diagnosis? noneWas there an autopsy? yes

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) George O. Walker

M. D.

(Address) Boone, Missouri

