

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  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**NOV 18 1937**

36638

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1002  
 City Kansas City (No. 3220 Penn Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Marie Emma Clark  
 (a) Residence, No. 3220 Pennsylvania St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry D. Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-3-1854</u>		
7. AGE <u>83</u>	YEARS <u>1</u>	MONTHS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		11. Total time (years) spent in this occupation
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)		

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

13. NAME  
Unknown

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

15. MAIDEN NAME  
May Quinn

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

17. INFORMANT (ADDRESS)  
Earl D. Clark 3220 Pennsylvania, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Highland Park DATE 10-11-37

19. UNDERTAKER (ADDRESS)  
H. J. Brown

20. FILED 1937 Nov 11 37 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8 1937

22. I HEREBY CERTIFY, that I attended deceased from Oct 8 1937 to Oct 8 1937

I last saw him alive on Oct 8 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:

Cardio-vascular disease

ASB2

Other contributory causes of importance:  
Pulmonary edema

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Merrill J. Sumal, M. D.  
 (Address) Medical Arts Bldg Kansas City Mo

