

WRITE PLAINLY IN INK--THIS IS AN EMERGENCY RECORD

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.

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 345
Township Orange Primary Registration District No. 4206
City Brownington (No. _____) St. _____ Ward _____

2
1
File No. 45500
Registered No. _____

2. FULL NAME Mary Ann Clark

(a) Residence, No. Brownington Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 16 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u> (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Daniel Clark</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-29-1852</u>				
7. AGE	YEARS <u>85</u>	MONTHS <u>4</u>	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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 <u>Life</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1927
22. I HEREBY CERTIFY, That I attended deceased from Dec-1- 1927, to Dec-31- 1927
I last saw her alive on Dec-31- 1927. Death is said to have occurred on the date stated above, at 10:05 PM

The principal cause of death and related causes of importance were as follows:
Mitral Incompetency
Date of onset _____
Other contributory causes of importance:
AD

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>M^r Caslin</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT <u>Mary Reese</u> (ADDRESS) <u>Brownington Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Consent Kids Chapel</u> DATE <u>1-2-1938</u>	
19. UNDERTAKER <u>Fred E. Wilkinson</u> (ADDRESS) <u>Clinton Mo</u>	
20. FILED <u>Jan 2, 1938</u> <u>C. D. Taylor, Jr.</u> Registrar.	

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?
If so, specify _____ (Signed) [Signature] M. D.
(Address) Brownington Mo.

1852-81