JAN 20 1938

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

46042
Do not use this space.

1. PLACE OF DEATH
(a) County: Mercer — Registration District No. 556
(b) Township: [illegible] — Primary Registration District No. 4329 — Registered No.
(c) City: Ravanna — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Gertrude Clark
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (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: Howard Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11 1894

7. AGE — Years: 42 — Months: 7 — Days: 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Nurse housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Iowa

FATHER
13. NAME: W. M. McVay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

17. INFORMANT (ADDRESS): Mr. Howard Clark, Ravanna Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: King — DATE: Dec. 18, 1937

19. FUNERAL DIRECTOR (ADDRESS): Noel-Moss, Princeton Mo.

20. FILED: 12/17, 1937 — J M Perry, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1937, to Dec. 17, 1937
I last saw her alive on Dec. 16, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	
Encephalitis, probably influenzal. Two different spinal punctures gave negative Wassermans the last puncture containing some diplococci (pneumococcic)?	12/1-37
Other contributory causes of importance: Exhaustion. Developed greatest disturbance of heat regulating center. - Myocarditis.	12/15-37

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. 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) O. S. Bristow, M. D.
12/17-37 (Address) Princeton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

X12004

STATEMENT BY LICENSED EMBALMER

I, Noel Mass, Licensed Embalmer No. 2634

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Noel Mass

Licensed Embalmer No. 2634

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)