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

Do not use this space.

REC'D MAR 14 1938

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1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5670
Township Kaw — Primary Registration District No. 1002 — Registered No. 736
City Kansas City, (No. 3516, Summit St. St. Ward)

2. FULL NAME Mrs. Clara Clarke 462
(a) Residence, No. 3516 Summit 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 F. — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-30-1848

7. AGE — YEARS 89 — MONTHS 7 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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

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

FATHER
13. NAME David A. Gage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

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

17. INFORMANT (ADDRESS) Miss Clarke Montrose Hotel

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE Elmwood DATE 2/15, 1938

19. UNDERTAKER (ADDRESS) Stine-McClure Kansas City, Mo.

20. FILED 2/14, 1938 M. H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Feb 12, 1938
I last saw her alive on Feb 10, 1938. Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
terminal	
bronchial pneumonia	

Other contributory causes of importance: 107a

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? 1
If so, specify .....
(Signed) Herbert L Mantz, M. D.
(Address) 814 Med Arts Bldg

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.

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Medical Bldg