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.

REC'D MAR 14 1938

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

6196
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township Washington,
(c) City St Joseph Mo
Registration District No. 86
Primary Registration District No. 5127
Registered No. 12
(d) Street No. 40th. & Faraon Streets, 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alva Clark, 4 6 21
(a) Residence, No. 40th. & Faraon 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Doyle Clark,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 19, 1870
7. AGE: Years 67 | Months 9 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundress;
9. Industry or business in which work was done, as saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year) February 1938
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas, Texas, 1

FATHER
13. NAME Sebran Cain, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 9

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

17. INFORMANT Mrs. Elizabeth Collins
(ADDRESS) R.F.D.# 2, St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Feb'y 21st, 38
19. FUNERAL DIRECTOR Heaton Boyle & Bauman
(ADDRESS) St. Joseph, Mo. Funeral Dir.
20. FILED Feb. 21, 1938 B. H. Tadlock M.D. M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 18th, 1938
22. I HEREBY CERTIFY, That I attended deceased from 2/17, 1938, to Feb 18, 1938,
I last saw he alive on Feb 17, 1938. Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/12/38
104	
Other contributory causes of importance:	
Cachexia	Several months

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Fenton Y. Gunderson, M. D.
(Address) 2/6 N. W. Mo. Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself - 12/18/3

L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed: W. E. Summerfield

Licensed Embalmer No. 3007

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