

REC'D MAR 20 1938

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

Do not use this space.

7331

1. PLACE OF DEATH

County *McDonald*Registration District No. *574*

Township

Primary Registration District No. *574*City *Anderson* (No.)

St. Ward)

2. FULL NAME *Almeda Catherine Clark* *462*

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J. R. Clark*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 24-1860*

7. AGE YEARS *77* MONTHS *6* DAYS *6* IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housewife*

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) *Randolph County, Missouri* (STATE OR COUNTRY)

13. NAME *Randolph Clark*

14. BIRTHPLACE (CITY OR TOWN) *North Carolina* (STATE OR COUNTRY)

15. MAIDEN NAME *Lina Smith*

16. BIRTHPLACE (CITY OR TOWN) *North Carolina* (STATE OR COUNTRY)

17. INFORMANT *daughter - Ada Young* (ADDRESS) *near Williams RR & 2*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Southwest City Mo* DATE *Feb 1 1938*

19. UNDERTAKER *Geo Pateman Mue Co* (ADDRESS) *Anderson Mo*

20. FILED *March 2 1938* *Mrs L. E. Harter* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 30 1938*

22. I HEREBY CERTIFY, That I attended deceased from *1-28-38*, 19*38*, to *1-30-38*, 19*38*

I last saw her alive on *1-30-38*, 19*38*. Death is said to have occurred on the date stated above, at *4:00 P.* m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure due to pyemia of Middle Ear Infection.

Other contributory causes of importance: *Chronic Mitral Insufficiency.*

Name of operation *none* Date of *no*What test confirmed diagnosis? *none* 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*38*

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) *L. B. Clark H. B. J.*(Address) *W. E. Clark & Block 2 Anderson Mo.*

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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.

