

REG. MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

*Pike*  
*Clarksville*  
*Clarksville*

Registration District No.

Primary Registration District No.

*684*  
*1409*

File No.

Registered No.

*7826*  
*29*  
*4*

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

St.

Ward.

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

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

5A. MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
OR WIFE OF

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

AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, hrs.  
or min.

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

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER  
(ADDRESS)

20. FILED

*Feb 25 1938*

*W. H. Treachery*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*Feb 22 1938*

22. I HEREBY CERTIFY, That I attended deceased from  
*Feb 18 1938*, to *Feb 22 1938*

I last saw her alive on *Feb 21 1938*. Death is said

to have occurred on the date stated above, at *10:40 P.M.*

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

*Lobar pneumonia*

Date of onset

*Feb 18 '38*

Other contributory causes of importance:

*Renal arterio-sclerosis*

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) *E. M. Bartlett*, M. D.

(Address) *Clarksville Missouri*

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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.

