

REC'D JUN 14 1938

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

Do not use this space.

PLACE OF DEATH

County ClacksonTownship Jacks

City (No.) St. Ward

Registration District No. 20Primary Registration District No. 50277File No. 17587

Registered No.

2. FULL NAME Ada Clark H. 2

(a) Residence, No. 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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Les Clark6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-18757. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 1 18. 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 012. BIRTHPLACE (CITY OR TOWN) Bellevue City
(STATE OR COUNTRY) Miss Mo13. NAME Anna Meuser14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Swentje DeBater16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT (ADDRESS) Les Clark

18. BURIAL, CREMATION, OR REMOVAL

PLACE Funerary Co DATE 6-5 193819. UNDERTAKER (ADDRESS) St. Bartholomew
Rock Port, Mo

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

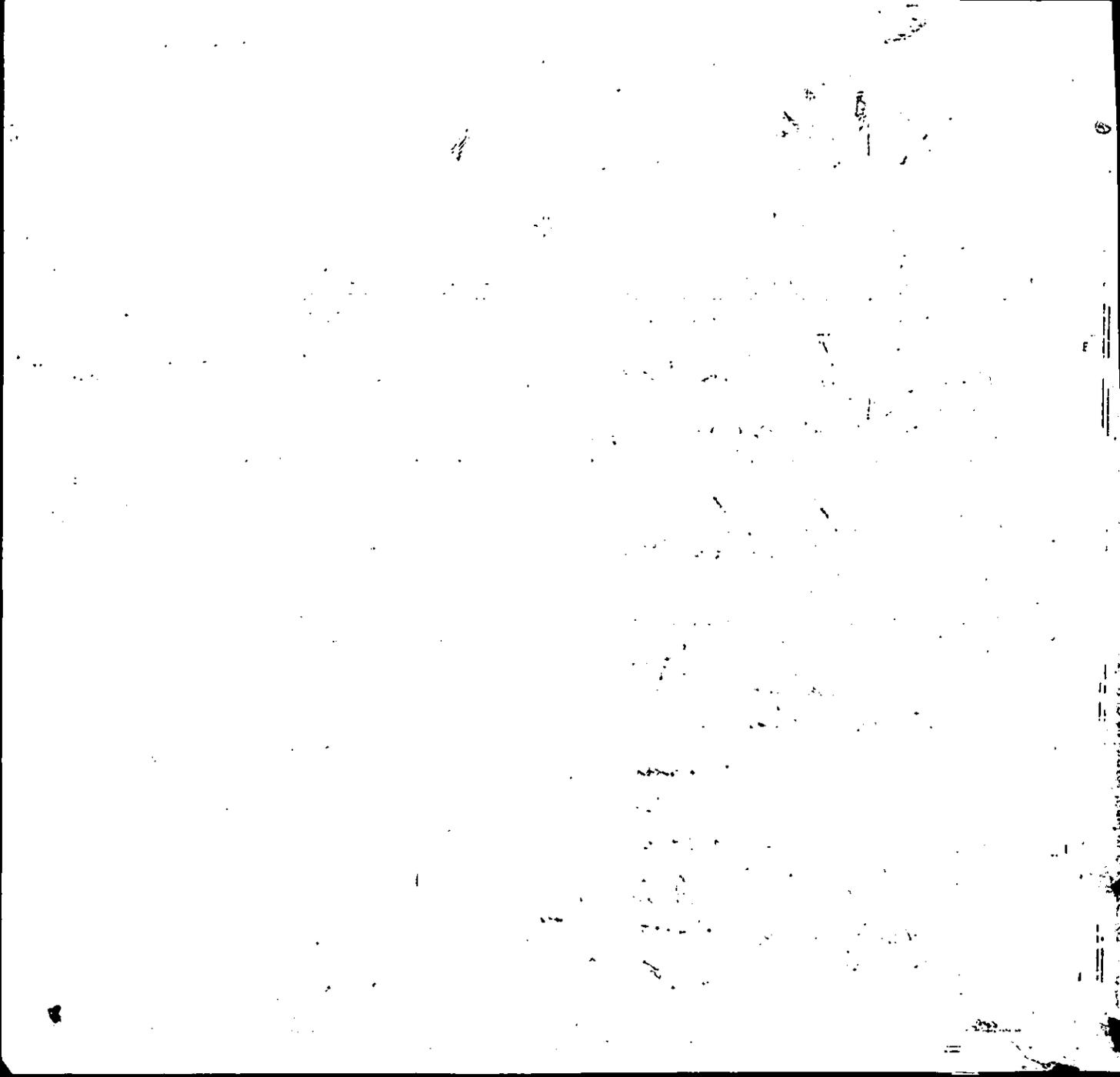
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2 193822. I HEREBY CERTIFY, That I attended deceased from Jan - 1938 to June 21 - 1938I last saw her alive on May 29 1938. Death is said to have occurred on the date stated above, at m.

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

Cancer of Spleen Date of onset(Carcinoma) 50"

Other contributory causes of importance:

Name of operation none 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? no 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. NoManner of injuryNature of injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) James A. Gray M. D.17 (Address) Watson No.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

173-87
Do not use this space.

1. PLACE OF DEATH

(a) County Atchison Registration District No. 20
 (b) Township Tarkio Primary Registration District No. 5027 Registered No. _____
 (c) City _____ (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 Ada Clark

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 1 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as 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) Phelps Co. Mo.

FATHER 13. NAME Wm. Meuser
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Swanwick Deiter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Geo. Clark
Rock Part Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Hunter Am. DATE 6-5-1938

19. FUNERAL DIRECTOR (ADDRESS) Grotz Bartholomew
Rock Part Mo.

20. FILED Feb 23 1939 Wm. Vaughn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 1938 to June 25, 1938.
 I last saw her alive on May 27, 1938. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cancer of Spleen
Basinoma

Date of onset _____

Other contributory causes of importance: _____

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? _____, so, specify _____

(Signed) Geo. A. Gray, M. D.
 (Address) Walton Mo.

1938

S-17587