

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

33119
Do not use this space.

REC'D OCT 18 1938

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034 Registered No. 187
 (c) City Moberly (d) Street No. 127 Thompson 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

Mary E. Clark 462
 (a) Residence, No. 127 Thompson 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence W. Clark
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15th 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 5 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Mo

FATHER 13. NAME Edward G. Fletcher

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

MOTHER 15. MAIDEN NAME Rebecca Lewis

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

17. INFORMANT (ADDRESS) Clarence W. Clark
Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Sept 25th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mathan Austin
Moberly Mo

20. FILED Sept 29th 1938 Ethel Estlin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 22-3 PM, 1938 to Sept 22-9 PM, 1938
 I last saw her alive on Sept. 22, 1938. Death is said to have occurred on the date stated above, at 9:00 p.m.
 The principal cause of death and related causes of importance, were as follows:

Cerebral Hemorrhage Date of onset 9/23/38
Chronic Nephritis not known

Name of operation none 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? No
 If so, specify _____ (Signed) Leo R. Buzess M. D.
 _____ (Address) Moberly, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-203

Date Filed 10-8-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Frank L. DeWitt

Licensed Embalmer No. 3821

P. O. Address Meriden

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

If this body is not embalmed, above space should be left blank.