

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

3598
Do not use this space.

DEC'D FEB 27 1939

1. PLACE OF DEATH

(a) County Ralls Registration District No. 912

(b) Township Gasper Primary Registration District No. 5960B

(c) City ~~Paris~~ (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 Louise Bell 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 Female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-21-1863

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

73	10	16	
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OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Keeper

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) Audrain Co Mo

FATHER

13. NAME Jno Brabant

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

MOTHER

15. MAIDEN NAME Hilliers

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

17. INFORMANT (NAME) (ADDRESS) Joe Clark Perry Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fern Chapple DATE 1-8-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. B. Clark Nantua Mo

20. FILED Jan. 7, 1939 Carrie F. Wetherick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1939, to Jan 7, 1939

I last saw her alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 3:45 a.m.

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

Angina Pectoris

Date of onset _____

Other contributory causes of importance: g.h.

Name of operation _____ Date of _____

What test confirmed diagnosis? Physicist Was there an autopsy? N.O.

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) John Brown, M. D.

(Address) Perry Mo.

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.

WILLIAM J. SULLIVAN, M. D.
Special Agent, Bureau of the Census
KIRKSVILLE, MISSOURI.

RECEIVED

District Health Officer No. 10

District File Number 10-39-171

Date Filed FEB 8 1939

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, *Wm B Wotley*

or by

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

Signed

Wm B Wotley
Licensed Embalmer No. *3524*

P. O. Address *Nandalia Mo*

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

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