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.

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

Do not use this space.

File No. 22573

Registered No. 68

1. PLACE OF DEATH
County: Linn
Township: ~~Brookfield~~
City: Brookfield (No. ..... St. ..... Ward)

Registration District No. 496
Primary Registration District No. 3026

2. FULL NAME: Florence Elizabeth Clark

(a) Residence, No. 317 E. Sedgwick St., 1st 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. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

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: Chas. Lawrence Clark, dec.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 29, 1888

7. AGE: Years 50 | Months 7 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Burban Co. Ky.

FATHER
13. NAME: Presley Eldridge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lake Co. Va.

MOTHER
15. MAIDEN NAME: Kathryn Cattrel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lake Co. Va.

17. INFORMANT: Emma Lou Clark
(ADDRESS) 317 E. Sedgwick Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brookfield, Mo. DATE: 6/30/1939, 19

19. UNDERTAKER: McGhee L. # 2876
(ADDRESS) Laclede, Mo.

20. FILED: July 1, 1939 Grant Duncan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1939, to 6-28, 1939
I last saw h. alive on 6-28, 1939. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma Lung

Other contributory causes of importance: H6

Name of operation: — Date of: —
What test confirmed diagnosis? Clinical 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? —
If so, specify
(Signed) [illegible], M. D.
(Address) Brookfield Mo.

RECEIVED
District Health Officer No. 11
District File Number 739-761
Date Filed JUL 6 1939

FEB 9 1959