SEP 10 1939

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

33173
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot 2 Registration District No. 651

(b) Township Little Parie 1 Primary Registration District No. 5862 Registered No. 90

or

(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 Nellie Clark

(a) Residence, No. ..... St. ☐ .....

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3--19--1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	17	5	29	

OCCUPATION

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

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

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) Harding Co Tenn

FATHER

13. NAME Lewis Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McNairy Co Tenn

MOTHER

15. MAIDEN NAME Ethel Floyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester, Co Tenn

17. INFORMANT (ADDRESS) Lewis Clark Caruthersville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brent Ceme DATE 9--19--1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) German Undt Co Steele, Mo

20. FILED Sept. 18, 1939 Ada Martin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9--18--, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1939, to Sept 18, 1939

I last saw her alive on Sept 18, 1939. Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Typhoid fever

Date of onset

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation none 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? .....

If so, specify .....

(Signed) Fred L. Ogilvie, M.D.

(Address) Caruthersville Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

711 Lockwood

RECEIVED
District Health Officer No. 3,
District File Number 1039 - 591
Date Filed 10/6/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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