

OCT 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Fields creek Primary Registration District No. 5490
City (No.) St. Ward)

File No. 34268

Registered No.

2. FULL NAME

Sarah J Clark

(a) Residence, No. Clinton RR 1 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mar 26 1865

7. AGE YEARS 71 MONTHS 5 DAYS 17 If LESS than 1 day, hrs. or min.

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

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) Caldwell Co Mo (STATE OR COUNTRY)

13. NAME John G Gray

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

15. MAIDEN NAME Hancy Ann Goodman

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

17. INFORMANT J D Gray (ADDRESS) Butler mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pauls cem DATE 9/15 36

19. UNDERTAKER Consalus & Peck (ADDRESS) Clinton mo

20. FILED 9-14 1936 J R Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-12 1936 to 9-13 1936

I last saw her alive on 9-13 1936 Death is said to have occurred on the date stated above, at 2 P m.

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

Interstitial nephritis Date of onset 9-3
chronic

Other contributory causes of importance:

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) J. B. Tompkins M. D.
(Address) Clinton mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X734

