

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.

AUG 24 1937

27315

## 1. PLACE OF DEATH

County HenryRegistration District No. 347

Township

Primary Registration District No. 3018City Clinton

(No. ....)

St. ....

Ward) .....

2. FULL NAME Shirley Elizabeth Clark(a) Residence, No. 608 West Franklin Ward. ....

(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

Fe.

## 4. COLOR OR RACE

White

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

Single

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

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 7, 1937

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

XX16

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

X

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

X

## 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Clinton Mo.

## 13. NAME

Troy Clark

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

Wagner Okla.

## 15. MAIDEN NAME

Grace Canthon

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

Clinton Mo.

## 17. INFORMANT (ADDRESS)

Troy Clark Clinton Missouri

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Englewood DATE July 24, 1937

## 19. UNDERTAKER (ADDRESS)

Consalus & Beck Clinton Mo.

## 20. FILED

7-24 1937 J. R. Hampton Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 23, 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

I last saw body alive on July 23, 1937 Death is saidto have occurred on the date stated above, found dead

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

Death from natural cause - probably changed thrombosisDate of onset July 23/37

## Other contributory causes of importance:

Name of operation

What test confirmed diagnosis exam body Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

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? A

If so, specify

(Signed) S. P. Ayler M. D.Witness Aug 6, Clinton, Mo.

