

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

Do not use this space.

8180

1. PLACE OF DEATH

County Cass
Township Leuluan
City

Registration District No. 156
Primary Registration District No. 5220

File No.
Registered No. 20
St. Ward)

2. FULL NAME Sarah A Clark

(a) Residence. No. Co Home St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 — —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Inmate of Co Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Andrew Mock

11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Nancy Carr

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) Tennessee

14. INFORMANT (Address) L C Clark
Harriowville Mo.

15. FILED 28 28 1928 REGISTRAR D S Long

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/6 1928

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to July 6, 1928 that I last saw h. alive on, 19...., and that death occurred, on the date stated above, at 3:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) 7/4 A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) H. May, M. D.
2/10, 1928 (Address) Harriowville mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Orient Cemetery DATE OF BURIAL 3/7 1928

20. UNDERTAKER Rennsbucher Bros & Co ADDRESS Harriowville Mo

CRUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

4 1928

