

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

Do not use this space.

24100

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township Primary Registration District No. 8001
 City Russville (No.) St. Ward)

2. FULL NAME Helen Lee Clark
 (a) Residence, No. Ellis - Steichle Hospital St. Ward. Milan Mo
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
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) 4-29-1921

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	10	3	00	

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1931
17. I HEREBY CERTIFY, That I attended deceased from July 27 1931, to July 29 1931, that I last saw her alive on July 29, 1931, and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* WAS, AS FOLLOWS:
Intestinal obstruction
1931

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

CONTRIBUTORY (SECONDARY) adhesion
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Milan
 (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 27-1931
WAS THERE AN AUTOPSY? No

10. NAME OF FATHER Ola Lee Clark

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. R. Beebe, M. D.
 , 19 (Address) Russville, Mo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sault
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Maud Helen Burton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Polite
 (STATE OR COUNTRY) Missouri

14. INFORMANT Ola Lee Clark
 (Address) Milan 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.

15. FILED 9/29 1931 Mrs
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oakwood, Milan
 DATE OF BURIAL 7-31 1931

20. UNDERTAKER Dee Riley
 ADDRESS Russville

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.

AUG 24 1931

State of New York
Justice

vs

CAUSE NO. 1000
IN SENATE

1000

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay
Township Kirkwood
City Kirkwood (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 129 St. _____ Ward _____

2. FULL NAME

Helen Lee Clark

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/29 19 31 Mrs. C. H. Becker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) _____, M. D.
(Address) _____

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

2010

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