

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

Do not use this space.

26144

1. PLACE OF DEATH

County Jackson
Township Leaue
City E. C. Mo (No. 2511 Forest)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 3052
St. _____ Ward _____

2. FULL NAME

Minnie Mae Clark
(a) Residence, No. 2511 Forest St. 4 Ward _____
(Usual place of abode)

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 <u>Fe</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo Wm Clark</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 28 - 1895</u> | | |
| 7. AGE | YEARS | MONTHS |
| <u>36</u> | <u>11</u> | <u>9</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u> | | |
| 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) <u>Oklahoma</u> | | |
| 13. NAME <u>Sam A. Jergins</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u> | | |
| 15. MAIDEN NAME <u>Sarah Martin</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u> | | |
| 17. INFORMANT (ADDRESS) <u>Mrs Sarah Jergins</u> <u>2511 Wood</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mc Wash</u> DATE <u>Aug 9 1932</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Rose D Henderson</u> <u>4139 E 15th</u> | | |
| 20. FILED <u>Aug 8 1932</u> <u>M. M. Crowe</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1932

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, 3:50 a. m.

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

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? No
If so, specify _____
(Signed) Charles C. Laughlin, M.D.
(Address) Carrollton

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.

