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.

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

Do not use this space.

22254

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No.
Township — Primary Registration District No. — Registered No. 812
City St Joseph (No. , State Hosp #2 St. Ward)

2. FULL NAME Mabel H. Clark
(a) Residence, No. St Joseph - Mo - St., Ward. (If nonresident, give city or town and State)
(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: 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: unknown

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

7. AGE: YEARS 42 — MONTHS 0 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Benderna Kansas

FATHER
13. NAME Phillip Howard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill Unknown

MOTHER
15. MAIDEN NAME Laura Binart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithville Mo

17. INFORMANT (ADDRESS) Records State Hosp St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln DATE 8-1- 1935

19. UNDERTAKER (ADDRESS) Karr Funeral Home Tr. Ks

20. FILED 7-31, 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1929 to July 31, 1935
I last saw her alive on July 30, 1935. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis prin	9/3/35
93	
Other contributory causes of importance:	
Huntingdons Chorea with Psychose prin	9/3/35

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

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) W Clifton Smith, M. D.
(Address) State Hosp #2 St Joseph Mo