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.

JUN 28 1937

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

Do not use this space.

File No. 21181

Registered No. 8

1. PLACE OF DEATH

County: St. Clair

Township: Butler

City: Lowry City Mo (No. ..., ..., St. ..., Ward)

Registration District No. 763

Primary Registration District No. 4458

2. FULL NAME: Alva Clark

(a) Residence, No. ..., St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 — Arthur C Clark.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1. 1888

7. AGE: Years 49 | Months 1 | Days 29 | 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) New Harper Mo Benton Co

FATHER

13. NAME Richard J. Cross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va Richie Co

MOTHER

15. MAIDEN NAME Sarah Gower

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not given Benton Co, Mo

17. INFORMANT (ADDRESS) Arthur C Clark Lowry City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harper Cemetery DATE 6/1/ 1937

19. UNDERTAKER H. C. Austin (ADDRESS) Lowry City Mo

20. FILED May 31 1937 Sophia L. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/30/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/1/37, 19..., to 5/30 37, 19...

I last saw her alive on 5/30, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

	Date of onset
Unable to make Toxemia Diagnosis	
Probable Malignancy of Spleen	
Other contributory causes of importance: Extreme Obesity 53	all her life

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) Sheldon Wright, M. D.

(Address) Lowry City, Mo