REC'D SEP 16 1938

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

29723
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps
(b) Township
(c) City Rolla
(d) Street No. Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 677
Primary Registration District No. 4403
Registered No. 116

2. PRINT FULL NAME Louisa Clark 462
(a) Residence, No. St. Waynesville Mo.
(Usual place of abode, if no street address, write county or city) (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) Widowed
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ H. F. Clark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8-1848
7. AGE YEARS 90 MONTHS 4 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 8/29/38
11. Total time (years) spent in this occupation Lifer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Mo.

FATHER
13. NAME Isaac Riddle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER
15. MAIDEN NAME Piggy Ray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT (ADDRESS) Fannie Hominger Richland Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn DATE 9-1 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) R B Leigh Richland Mo.
20. FILED Aug 30 1938 Jos F. Ayers Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/30th 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 29th 1938, to Aug 30th 1938
I last saw her alive on Aug 30 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Stroke
Fracture of surgical neck of Femur and Pelvis
Date of onset 8/29/38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/29 1938
Where did injury occur? Her Home - Waynesville Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Her Home
Manner of injury Fall
Nature of injury Fractures

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. A. Talbot, M. D.
610 (Address) Waynesville Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, R B Jeffers, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed R B Jeffers

Licensed Embalmer No. 3148

P. O. Address Richland Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**