

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state.

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

32166
Do not use this space.

DECEASED OCT 20 1939

1. PLACE OF DEATH *Clark*

(a) County *Clark* Registration District No. *190*

(b) Township *Kahoka* Primary Registration District No. *4113* Registered No. *48*

(c) City *Kahoka* (d) Street No. _____ 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.

2. PRINT FULL NAME *Roxie Ree Clark*

(a) Residence, No. _____ St. (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) *Married*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Raymond A. Clark*

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 12 - 1909*

8. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 11 23

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SAWYER, BOOKKEEPER, ETC. *B.O. Employee*

10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SAW MILL, BANK, ETC. _____

11. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) *Oct. 5 - 1939*

12. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION *4 yrs.*

13. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

14. NAME *Bird Catlett*

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

16. MAIDEN NAME *Lula B. Dyer*

17. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

18. INFORMANT *Mrs. Lula Catlett*
(ADDRESS) *Kahoka Mo.*

19. BURIAL, CREMATION OR REMOVAL PLACE *Kahoka Mo.* DATE *Oct. 7 1939*

20. FUNERAL DIRECTOR (NAME) *Seitling's Und.*
(ADDRESS) *Kahoka Mo.*

21. FILED *10/27 39 J. B. Sanders*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 5 1939*

23. 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:

Suicide by shooting thru the head with a .44 revolver

Date of onset *167*

Other contributory causes of importance: *None that we know*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

24. 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 _____

25. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *J. A. R. Roberts* M. D.

174 (Address) *Alexander Avenue*

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, or by.....

Oct. 5 - 1939

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Olis L. Yutting

Licensed Embalmer No. *29657*

P. O. Address *Luray Mo.*

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

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