

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

43856
 Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township 1st Primary Registration District No. 5-633
 (c) City or Mt. Vernon (d) Street No. Missouri State Sanatorium 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. 8 mos. 15 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Letha E. Clark

(a) Residence, No. Jamesport, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</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>Unknown</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 20, 1908</u> | | |
| 7. AGE | YEARS <u>31</u> | MONTHS <u>8</u> |
| | DAYS <u>17</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u> | 11. Total time (years) spent in this occupation |
| | 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) <u>Feb. 1, 1939</u> | |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u> | <u>0</u> |
| | 13. NAME <u>Tom Fitch</u> | <u>0</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u> | <u>0</u> |
| | 15. MAIDEN NAME <u>Nellie Cole</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u> | | |
| 17. INFORMANT (ADDRESS) <u>E. McMichael, Record Clerk Missouri State Sanatorium</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Selman City, Mo</u> | DATE <u>12/6</u> | 193 <u>9</u> |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W.D. Nainis Selman City, Mo</u> | | |
| 20. FILED <u>Dec 6 1939</u> | <u>P. A. Hoffman</u> Local Registrar | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1939 ~~XXXX~~

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1939 to Dec. 6, 1939 ~~XXXX~~
 I last saw her alive on Dec. 5, 1939 Death is said to have occurred on the date stated above, at 5:15a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset Fall 1938

Other contributory causes of importance:
23

Name of operation _____ Date of _____
 What test confirmed diagnosis? Culture 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) J. H. Vernon, M.D.
 (Address) Mt. Vernon, Mo

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.

RECEIVED

District Health Officer No. 6,

District File Number 140-82

Date Filed JAN 9 1940

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.....

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

working under my personal supervision.

Signed.....

Geo B Orr

Licensed Embalmer No. 946

P. O. Address W Yemmon

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

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