

No. 2  
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5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5325

FILED FEB 21 1947

Registration District No. 289

Primary Registration District No. 56550-01

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 214  
(Specify whether years, months or days)

In this community 214  
years, months or days

3. (a) PRINT FULL NAME Susie Lee Clark

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willie Clark

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Sept. 2 1914  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>32</u>	<u>5</u>	<u>4</u>	hr. <u>    </u> min. <u>    </u>

9. Birthplace Crystal Springs Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm work

11. Industry or business

MOTHER FATHER

12. Name Percy Lee

13. Birthplace Unknown Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Wright

15. Birthplace Unknown Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removed (b) Date thereof Feb-7-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steele, Missouri

18. (a) Signature of funeral director J. D. Forrest

(b) Address MM King, Mo. Ephelbuck

19. (a) 2-15-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Steele 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 6th  
year 1947 hour 11:25 minute A M.

21. I hereby certify that I attended the deceased from July 8 19 46, to Feb. 6th 19 47  
that I last saw h. er alive on Feb. 6 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage few Minute  
Duration

Due to Far advanced pulmonary Tuberculosis abt 1 1/2  
years.

Other conditions 13 B  
(Include pregnancy within 3 months of death)

Major findings: 13 B

Of operations     

Of autopsy     

PHYSICIAN       
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)     

(b) Date of occurrence     

(c) Where did injury occur?       
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?     

While at work?      (Specify type of place)

(c) Means of injury 0

23. Signature J. F. [Signature] mad  
(M. D. or other)

Address Mt. Vernon, Mo. Date signed 7/6/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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