

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

Do not use this space.

2124

File No. 12
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Ray Registration District No. 740
Township _____ Primary Registration District No. 4442
City Hardin (No. _____) St. _____ Ward _____

2. FULL NAME

Pearl Alice Clark

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

Length of residence in city or town where death occurred 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 Bert Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>47</u>	<u>1</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Kansas

13. NAME Robert S. Gould

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Susan J. Simms

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Willis Gould
(ADDRESS) Hardin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cem DATE Jan 6 1932

19. UNDERTAKER J. W. Knipschield
(ADDRESS) Hardin Mo.

20. FILED Jan 8 1932 H. A. Williford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1932, Jan 8 1932, 19

I last saw her alive on Jan 8 1932, 19 . Death is said

to have occurred on the date stated above, at 12:30 PM

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

Acute Parenchymatous Nephritis
following extraction of some
very foul teeth.

Date of onset

Other contributory causes of importance:

Beginning Menopause of
four months duration.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) Carl H Reed, M. D.

(Address) Hardin

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

