

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

Do not use this space.

2368

1. PLACE OF DEATH

County Ray  
Township Knowville  
City Rayville R.F.D. (No. ....) (St. ....) (Ward ....)

Registration District No. 915  
Primary Registration District No. 6236

File No. ....  
Registered No. 3

2. FULL NAME Sytha Jane 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married (Use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. John Franklin Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
73 10 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)

10. NAME OF FATHER Jacob T Graven

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)

14. INFORMANT John F Clark  
(Address) Rayville Mo R.F.D.

15. FILED Jan 29 1930 Mrs G.W. Gaines REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 '30 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Jan 29, 1930 that I last saw her alive on Jan 28, 1930, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza  
II B  
93 D  
(duration) .... yrs. .... mos. 0 ds.

CONTRIBUTORY (SECONDARY) Pericardial Insufficiency (duration) .... yrs. .... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.   
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) G.W. Gaines, M.D.

Jan 30, 1930 (Address) Rayville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cramer Cem. DATE OF BURIAL 1-30-19 19

20. UNDERTAKER R. W. Maxwell ADDRESS Rayville 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.

MAR 28 1930

