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

Do not use this space.

28396

1. PLACE OF DEATH
County Moniteau Registration District No. 571
Township Prairie Primary Registration District No. 4335
City California (No. St. Ward)
File No.
Registered No. 40

2. FULL NAME Sarah 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Waldo Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 - 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moniteau Co
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Green Bolin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Phelps Co
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nancy Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Phelps Co
(STATE OR COUNTRY)

14. INFORMANT Pearl Clark
(Address) California Mo

15. Filed Aug 8, 1929 Jas. W. Raitt REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1927, to Aug 6, 1929, that I last saw h.e.c. alive on Aug 6, 1929, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolism
48
827

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Uterus

(duration) 1 yrs. 10 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Bruce Jr., M. D
8/6, 1929 (Address) California 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 Masonic Cemetery — DATE OF BURIAL 8/8 1929

20. UNDERTAKER Williams & Friedmeyer — ADDRESS California 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.

WITH INKRADING INK—THIS IS A PERMANENT RECORD