

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

Do not use this space.

**1. PLACE OF DEATH**

County Calloway  
Township Fulton  
City (No. ....) .....

Registration District No. 104  
Primary Registration District No. 3008

File No. 15947  
Registered No. 106  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Mollie Clark St. .... Ward.

(Usual place of abode) Russellville, Mo. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James M. Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-7-1854</u>		
7. AGE	YEARS	MONTHS
<u>70</u>	<u>-</u>	<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>1/1</u>		11. Total time (years) spent in this occupation <u>d.k.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>d.k.</u> <u>Ohio</u>		
13. NAME <u>James Banister</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>d.k.</u> <u>Ohio</u>		
15. MAIDEN NAME <u>Luzanne Johnston</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>d.k.</u> <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>State Hospital #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson City, Mo.</u> DATE <u>May 15</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. W. Wallace</u> <u>Fulton, Mo.</u>		
20. FILED <u>May 15, 1934</u> <u>R. N. Crews</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-1934

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to May 14, 1934  
I last saw h. et. alive on 5-14-1934. Death is said to have occurred on the date stated above, at 6:25 m.  
The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
930  
948  
Date of onset

Other contributory causes of importance:  
myocarditis

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) Joseph B. Baly M. D.  
(Address) State Hospital #1  
Fulton, 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.

JUN 20 1934

