

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. 2747
Registered No. 13
St. _____ Ward _____

2. FULL NAME

(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.

James A. Clark

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary C. Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 4, 1869</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>1</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real Estate</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)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ray Co

FATHER
13. NAME Wiram C. Clark

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

MOTHER
15. MAIDEN NAME E. Elizabeth Tuna

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

17. INFORMANT Albert Clark
(ADDRESS) Richmond, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____

19. UNDERTAKER C. M. Janner
(ADDRESS) Richmond, Mo

20. FILED 2-10 1937 E. E. Gay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23/37

22. I HEREBY CERTIFY, That I attended deceased from 1-22 1937, to 1-23 1937

I last saw him alive on 1-22 1937 Death is said

to have occurred on the date stated above, at 2:50 PM

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

Coronary occlusion Date of onset 1931

Atherosclerosis 1930

Hypertension 1930

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? P E X 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) _____ M. D.

(Address) Richmond Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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