

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.

APR 25 1935

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Crooked River
City Hardin (No., St. Ward)

Registration District No. 740
Primary Registration District No. 5975

File No. 10274
Registered No. 6

2. FULL NAME

W & 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31 - 1867
7. AGE YEARS 83 MONTHS 6 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Ray Co (STATE OR COUNTRY)

13. NAME George W. Clark
14. BIRTHPLACE (CITY OR TOWN) Ind (STATE OR COUNTRY)

15. MAIDEN NAME Mary Storms
16. BIRTHPLACE (CITY OR TOWN) Ind (STATE OR COUNTRY)

17. INFORMANT Ada Clark (ADDRESS) Hardin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Cem DATE Mar-9 1935

19. UNDERTAKER Jno W. Kimpichild (ADDRESS) Hardin Mo

20. FILED Mar. 7 1935 R. L. Williford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1935 to Mar 5 1935.
I last saw him alive on Mar 5 1935. Death is said to have occurred on the date stated above, at 11 P. m.

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

Myocardial Regurgitation Date of onset 1 yr

Other contributory causes of importance: Arterio-sclerosis 20 yrs

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Marvin Brown, M. D.

(Address) Hardin, Mo.

