FEB 23 1928

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

Do not use this space.

2393

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No.
Township — Primary Registration District No. 14471 — Registered No. 13
City Webster Grove No. 226 E Lockwood St. Ward)

2. FULL NAME John Carroll Clark
(a) Residence. No. 226 East Lockwood 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Elvira Cook

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-15-1840

7. AGE: Years 87 — Months 6 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: David C Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Rebecca Long
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Frank Clark
(Address) 5624 So Kingshighway

15. FILED 1-28, 1928 Arthur H Westrup REGISTRAR
per Elsie Henson

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 27 1928

17. I HEREBY CERTIFY, That I attended deceased from June, 1927, to Jan 25, 1928, that I last saw him alive on Jan 25, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sc Bronchitis -
93C
100A
99
900
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Chr. Myocarditis and Arteriosclerosis -
(duration) 2 yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) H. A. Gaddrich M. D
1-27, 1928 (Address) Webster Grove

*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: Collinsville Ill — DATE OF BURIAL: Jan 30 1928

20. UNDERTAKER: Drehmann Horval — ADDRESS: 1905 Union ave

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.