

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

Do not use this space.

21743

**1. PLACE OF DEATH**

County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033B  
 City Overland (No. 9638 Jennyson ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 175  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Henry Clark  
 (a) Residence. No. 2128<sup>th</sup> Geyer Ave. 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allie Fnee Harris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 7 24

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

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

10. NAME OF FATHER Wm R Clark

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Adeline Jolly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Wm H Clark Jr  
 (Address) 1711<sup>st</sup> Carroll St

15. FILED 6/14 1928 Wella Bray, D.S. REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3<sup>rd</sup> 1928

17. I HEREBY CERTIFY That I attended deceased from April 1928, to June 3<sup>rd</sup> 1928 that I last saw him alive on June 3<sup>rd</sup> 1928, and that death occurred, on the date stated above, at 3<sup>00</sup> a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Eidemic  
127B  
93 B 90 W  
 (duration) yrs. mos. ds. 15 ds.

CONTRIBUTORY (SECONDARY) Choleraeptic  
 (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: don't know

DID AN OPERATION PRECEDE DEATH: yes DATE OF Opiaey  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS:  
 (Signed) W H Burt M. D.

June 4, 1928 (Address) 6123 Easton, I  
 \*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 Waverly Illinois DATE OF BURIAL 6-6 1928

20. UNDERTAKER Watt Bros Lt 2160 29<sup>th</sup> So Jefferson ADDRESS

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.

