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

Do not use this space.

**1. PLACE OF DEATH**

48 County Jackson — Registration District No. 399 — File No. 964

10 Township Kan — Primary Registration District No. 1002 — Registered No. 2

9 City Kansas City (No. K.C. General Hosp. St. ..... Ward)

**2. FULL NAME** Orian Clark

(a) Residence, No. 3114 Summit St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 1871

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 | 9 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. 114

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) Ohio 2

FATHER

13. NAME Unknown Clark

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Record Clerk
(ADDRESS) K.C. Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE Jan. 4 1932

19. UNDERTAKER Dw. Newcomer's Son
(ADDRESS) Kansas City Mo

20. FILED Jan 1 1932 M. M. Crowe Asst Registrar. 1-1-32

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1931 to 1-1, 1932

I last saw him alive on 1-1, 1932. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Carcinoma of Stomach with Metastases to liver and lungs — Date of onset

46B
47B
46E

Other contributory causes of importance: 46B

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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 ..... (1)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. E. Willeaux, M. D.

(Address) Supt K C Gen. Hosp KC Mo

N. B. Every item of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.