WRITE PLAINLY, WITH UNFADING INK—THIS [illegible] 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.

OCT 28 1932

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

Do not use this space.

1. PLACE OF DEATH

28 County Pemiscot Co. Registration District No. 653 File No. 29979

Township Hayti Primary Registration District No. 5-864 Registered No. 88

City 84 Highway (No. ..... , ..... St. ..... Ward)

2. FULL NAME J. 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Anna J. Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1865

7. AGE YEARS 67 MONTHS 8 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) August

11. Total time (years) spent in this occupation All times

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

FATHER

13. NAME Unknown 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Rhodes

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

17. INFORMANT (ADDRESS) Mrs. Anna J. Clark

18. BURIAL, CREMATION, OR REMOVAL

PLACE Morley, Mo. DATE Sept. 15, 1932

19. UNDERTAKER (ADDRESS) Ray Und. Co. Hayti, Mo.

20. FILED Sept 15 1932 J. N. Johnson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 4th, 1932, to Sept. 14, 1932

I last saw him alive on Sept. 4, 1932 Death is said to have occurred on the date stated above, at 11 a.m.

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

Acute Endocarditis

Date of onset

11 A 11 A

Other contributory causes of importance:

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) J. W. Rhodes, M. D.

(Address) Hayti Mo