

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1933

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

Do not use this space.

2800

1. PLACE OF DEATH
 87 County Ralls Co Registration District No. 787
 Township Sueper Primary Registration District No. 5960
 City Wardville (No. _____) St. _____ Ward) _____

2. FULL NAME William Eugene 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.

File No. 1
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 29 1932</u>		
7. AGE	YEARS	MONTHS
	—	—
		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.	
	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) (STATE OR COUNTRY) <u>Ralls Co Mo</u>		
MOTHER	13. NAME <u>Joe Clark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls Co Mo</u>	
	15. MAIDEN NAME <u>Milburn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Gurnell Bottom</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wardville 12-29-32</u>		
19. UNDERTAKER (ADDRESS) <u>Wardville</u>		
20. FILED <u>Jan 30 1933</u> <u>Wardville</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932, to Jan 3, 1933
 I last saw him alive on Jan 3, 1933. Death is said to have occurred on the date stated above, at 9 a.m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis from infection with Flu. 154
 Other contributory causes of importance:
Premature birth following Flu of Swarth

Date of onset	
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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? _____
 If so, specify _____
 (Signed) R. E. Suter, M. D.
 (Address) Perry Mo.

