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.

AUG 22 1936

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

Do not use this space.

27299

File No.
Registered No.

1. PLACE OF DEATH
County Madison
Township St. Michael
City Fredericktown (No. St. Ward)
Registration District No. 538
Primary Registration District No. 3028

2. FULL NAME Samuel 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4. 1860

7. AGE: Years 75 | Months 11 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labarer
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) Minnesota

FATHER
13. NAME Samuel Clark. sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME — Tibbits
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Fred Oberlin
(ADDRESS) Fredericktown Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Christian Cem. DATE July 14 1936 19

19. UNDERTAKER Edy H. Webb
(ADDRESS) Fredericktown Mo.

20. FILED July 14 1936 S. A. Slaughter Registrar.
By C. A. Schwaner.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1936

22. I HEREBY CERTIFY That I attended deceased from July 1, 1936, to July 13, 1936
I last saw him alive on July 12, 1936. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown | Unknown |

Other contributory causes of importance:

| | |
|---|---|
| Organic Heart Disease (Do not know whether this caused death or not. Did not see him on date of death.) | Unknown |

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) T. E. Higdon, M. D.
(Address) Fredericktown, Mo.