MAR 13 1937

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

Do not use this space.

6614

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1003
Township Raw — Primary Registration District No. 1002 — Registered No.
City K.C. Mo (No. 1211, Troost St. Ward)

2. FULL NAME John E. Clark
(a) Residence, No. 1211 Troost 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16-1874

7. AGE — YEARS 62 — MONTHS 7 — DAYS 8 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter
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) Iowa

FATHER
13. NAME Jonas P Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Louise Babcock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London

17. INFORMANT (ADDRESS) Mrs. E. Hayes Mission Hills

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olathe Kan DATE Feb 26, 1937

19. UNDERTAKER (ADDRESS) A. P. Doehler 1415 E 15

20. FILED 2/25, 1937 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from [signature], 19.. to ....., 19..
I last saw h.... alive on ....., 19.... 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:
Coronary Thrombosis — Date of onset
Other contributory causes of importance: 94B
Name of operation [signature] 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) [signature], M. D.
(Address)

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