

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH

County St. Francois Registration District No. 775
Township Big River Primary Registration District No. 6.019
City (No. St. Ward)

File No. 31656

Registered No. 68

2. FULL NAME

Edgar Clark
4475 A Evans

(a) Residence, No. St. Louis Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 6 7

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

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) Alton, Illinois

13. NAME Crest A. Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Illinois

15. MAIDEN NAME Clith T. Jeffery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardles, Illinois

17. INFORMANT (ADDRESS) Milton A. Clark, mo
4475 A Evans St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Delhalla St. Louis Aug 31, 1937

19. UNDERTAKER (ADDRESS) Callery & Kelly
7416 N. Taylor St. St. Louis

20. FILED Aug 30, 1937 M. W. Hawkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1937

22. I HEREBY CERTIFY, That I attended deceased By request to Aug 29, 1937
Last saw Aug 29 Death is said

to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

Jury Verdict
Death is the result of gunshot wounds inflicted by Arnold Richardson without cause
Date of onset

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, homicide of injury Aug 29, 1937

Where did injury occur St. Francois Co. Mo.
(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) Eleanora Corcoran

(Address) St. Francois County

Flat River, Mo

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.

