

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

Do not use this space.

1. PLACE OF DEATH
 103 County Stoddard Registration District No. 839
 Township Richland Primary Registration District No. 6101
 City (No. St. Ward)

4345

File No. 3
 Registered No.

2. FULL NAME Wm. W. Clark 462
 (a) Residence, No. St. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Donnie Clark
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
72 7 8
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7/38 1938
 22. I HEREBY CERTIFY That I attended deceased from Dec 1937 to Jan 1938
 I last saw him alive on Dec 10 1937. Death is said to have occurred on the date stated above, at 3:00 am
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Aortic Regurgitation

Other contributory causes of importance:

92a

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 Right Arm
 (Signed) _____, M. D.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 13. NAME James Clark
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 15. MAIDEN NAME Louis Wamack
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Mrs. Doll Frailey
Essex, Mo. R. 1
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Dexter, Mo. Cem 1/8/38
 19. UNDERTAKER (ADDRESS) Blankenship-Strickland
Dexter, Mo.
 20. FILED 2-10-38 J.P. Brandon Registrar. 754 (Address) Essex 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.

RECEIVED

FEB 28 1938

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