

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

Do not use this space.

18492

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

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.

740

1. PLACE OF DEATH  
 County Vernon Registration District No. 275  
 Township Washington Primary Registration District No. 6662  
 City Veranda (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Clark  
 (a) Residence State Hwy # 3 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. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 121  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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 Sarah E. Browning Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3 1964

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 10 27

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Benton County  
 (STATE OR COUNTRY) Arkansas 2

PARENTS

10. NAME OF FATHER \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) 31

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT J. M. Clark  
 (Address) Powell Mo.

15. FILED 6-7-32 E. B. King REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 1, 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr 4 1932 to Apr 30 1932  
 that I last saw him/alive on Apr 30 1932 and that death occurred, on the date stated above, at 11:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Hypocarditis  
arterio sclerosis  
93c  
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93c (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Clinical finding  
 (Signed) Lawrence K. Cooper M. D.  
5-1, 1932 (Address) Veranda Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Heosho Mo DATE OF BURIAL 5-3 1932

20. UNDERTAKER Ferry Funeral Home ADDRESS Veranda Mo

