JUL 25 1927

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

Do not use this space. 17688

1. PLACE OF DEATH

County Callaway. Registration District No. 104 File No.

Township ~~Fulton~~ Primary Registration District No. 3008 Registered No. 115

City Fulton, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Moss 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: Negro.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dont Know.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 56

7. AGE: about 56 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Labor.

(b) General nature of industry, business, or establishment in which employed (or employer): DO

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Larsie Clark,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER: Dont Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know.

14. INFORMANT: Bell Clark,
(Address) Fulton, Mo.

15. FILED June 29, 1927 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June - 27 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 5 - 20 - 1927, to 6 - 27 - 1927, that I last saw him alive on 6 - 27 - 1927, and that death occurred, on the date stated above, at about 10.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Pthisis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) none

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. W. Hixson, M. D

6/27/1927 (Address) 539 a Court

*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: New Richland. Church

DATE OF BURIAL: June. 30 1927

20. UNDERTAKER: Herndon-Taylor Furn-Co.

ADDRESS: Fulton. 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.