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

Do not use this space.

31051

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.

11/26 1927

1. PLACE OF DEATH

County: Newton — Registration District No.: 609 — File No.:

Township: Neosho — Primary Registration District No.: 7809 — Registered No.:

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Jack Irvin 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 26, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	7	2	

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

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

PARENTS

10. NAME OF FATHER: Edgar Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Lillie Clevenger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Edgar Clark
(Address): Neosho Mo

15. FILED 11/9, 1927 — C. E. Manessa, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1927, to Oct 28, 1927, that I last saw him alive on Oct 28, 1927, and that death occurred, on the date stated above, at 4:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
10
130 Following diphtheria
(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) 10
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

10/28, 1927 (Signed): R. F. Lawson, M. D.
(Address): Neosho 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: Springfield, Mo — DATE OF BURIAL: 10/30 1927

20. UNDERTAKER: Bryhamb — ADDRESS: Neosho