

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

Do not use this space  
*Dr. Williams*

35872

File No. \_\_\_\_\_  
Registered No. 180 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1919  
1927

**1. PLACE OF DEATH**

County Andrew Registration District No. 24  
Township Patterson Primary Registration District No. 3002  
City Mexico, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Walter Merle Clark

(a) Residence, No. 214 East Liberty St., 4th Ward. (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (circle the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
4 10

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER W. A. Clark

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

12. MAIDEN NAME OF MOTHER Petty Spott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wetzel (STATE OR COUNTRY) Iowa

14. INFORMANT W. A. Clark (Address) 214 - E. Liberty St.

15. Dec 30th 1927 Jane S. Mulligan REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 29 1927  
17.

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1927, to Dec 29, 1927 that I last saw him alive on Dec 29, 1927, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

entero-colitis

11315 (duration) yrs. mos. ds. 10

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) H. X. Williams, M. D.  
, 19 (Address) Mexico Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mexico Mo. DATE OF BURIAL Dec, 31 1927

20. UNDERTAKER W. P. Hatcher Bros. ADDRESS Mexico Mo.

