

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

Do not use this space.

322

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.

FEB 20 1928

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township St. Joseph, Mo. Primary Registration District No. 1001

City St. Joseph, Mo. No. 2315 Francis St. _____ Ward _____

File No. _____

Registered No. 135

2. FULL NAME

(a) Residence. No. 2315 Francis St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 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 (write the word)

Widowed

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

Alice Clark

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

August 8, 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>60</u>	<u>5</u>	<u>23</u>	

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)

Easton

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Josiah Clark

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Bettie Sims

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

14. INFORMANT

Francis Dyer

(Address) 2315 Francis

15. FILER

John J. [Signature]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 31, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1928, to Jan 31 1928

and I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____ 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency
92A
118C

CONTRIBUTORY (SECONDARY) Acute Gastritis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. W. [Signature] M. D.

2/3, 1928 (Address) St Joseph 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

Mt. Auburn

DATE OF BURIAL

February 3, 1928

20. UNDERTAKER

Plummer Funeral Home

ADDRESS

1208 Francis

1928

