

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

Do not use this space.

99533

**1. PLACE OF DEATH**

County Johnson Registration District No. 420 File No. \_\_\_\_\_  
 Township Washington Primary Registration District No. 5382 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Wm Robinson Clark

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident give city or town and State)  
 (Usual place of abode)  
 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 (write the word)** married

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec 30-1847

|               |              |               |             |   |
|---------------|--------------|---------------|-------------|---|
| <b>7. AGE</b> | <b>YEARS</b> | <b>MONTHS</b> | <b>DAYS</b> | <b>IF LESS than 1 day, _____ hrs. or _____ min.</b> |
|               | <u>80</u>    | <u>2</u>      | <u>23</u>   |   |

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

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 24 1928

**17.** I HEREBY CERTIFY, That I attended deceased from March 21, 1928, to March 24, 1928 that I last saw him alive on March 24, 1928, and that death occurred, on the date stated above, at 6:45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza Pneumonia  
11H / 1A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.  
 CONTRIBUTORY Influenza (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 21 ds.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Tenn.

**10. NAME OF FATHER** Benjamin Clark

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

**12. MAIDEN NAME OF MOTHER** Elizabeth Robinson 3/25, 1928 (Address) Knob Noster Mo

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**  
 (STATE OR COUNTRY) Tenn.

**14. INFORMANT** Mrs J. L. McKibben  
 (Address) Knob Noster Mo

**15. FILED** 9:05 a.m. 3/26/28 Knob Noster REGISTRAR

**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) J. E. Porter M. D.

\*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** Hickory Point **DATE OF BURIAL** 3/26 1928

**20. UNDERTAKER** C. L. Sauls **ADDRESS** Knob Noster 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.

1928

