

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

Do not use this space.

**JUL 30 1928**

12281K

**1. PLACE OF DEATH**

County Vernon Registration District No. 875  
 Township Washington Primary Registration District No. 6163 File No. 12281K  
 City Washington (No.         ) St.          Ward           
 Registered No. 157

**2. FULL NAME**

Wm. G. Clark  
 (a) Residence No. State Hospital #3 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. 29 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single  
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF           
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1847  
 7. AGE YEARS about 84 MONTHS 0 DAYS 12  
 If LESS than 1 day,          hrs. or          min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work com. lab.  
 (b) General nature of industry, business, or establishment in which employed (or employer)           
 (c) Name of employer         

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

not known  
 (STATE OR COUNTRY)         

**10. NAME OF FATHER**

not known

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

          
 (STATE OR COUNTRY)         

**12. MAIDEN NAME OF MOTHER**

not known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

          
 (STATE OR COUNTRY)         

**14.**

INFORMANT C. Clerk - Petter Co.  
 (Address) Lebanon Mo

**15.**

FILED          E. B. King  
7-9-28 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1928

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to June 19, 1928 that I last saw him alive on         , 1928, and that death occurred, on the date stated above, at 2 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Valvular lesion with cardiac dilatation  
92A  
95R  
111B (duration) 2 yrs.          mos.          da.  
 CONTRIBUTORY hypostatic pneumonia  
 (SECONDARY) (duration)          yrs.          mos. 6 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:         

**19. DID AN OPERATION PRECEDE DEATH?** no. DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) J. T. O'Sell, M. D.

June 19, 1928 (Address) Merado 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**

Hospital Cemetery DATE OF BURIAL 6/23 1928

**20. UNDERTAKER**

Ferry Funeral Home ADDRESS Wooden Mo

R. 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.

STATE OF NEW YORK  
IN SENATE  
January 11, 1911.  
REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN ANSWER TO A RESOLUTION PASSED BY THE SENATE  
MAY 15, 1909.  
ALBANY: JAMES BRONKHORST COMPANY, PRINTERS.  
1911.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Vernon Registration District No. 875- File No. \_\_\_\_\_  
 Township Washington Primary Registration District No. 6162 Registered No. 157  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Wm. C. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S  
(write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_ (duration) yrs. mos. ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

10. NAME OF FATHER \_\_\_\_\_

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

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

14.

INFORMANT \_\_\_\_\_  
 (Address)

15.

FILED 7-9-28 E.R. King REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ slip on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular lesion with cardiac dilatation

CONTRIBUTOR(S) (SECONDARY) Hypostatic congestion  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

, 19 (Address)

\*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 \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

19

**SUPPLEMENTARY**

N. B.—Every item CAUSE OF DEATH REGISTRARS SEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW PHYSICIANS should report OCCUPATION is very important.

Dr.

J. C. White

5-2-1917