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

27985

1. PLACE OF DEATH
County ~~Bear Creek~~ Montgomery Registration District No. 596 File No.
Township Bear Creek Primary Registration District No. 5787 Registered No.
City (No. St. Ward)

2. FULL NAME Edward Alexander 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: 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 Dakota Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-16-1873

7. AGE: Years 55 Months 0 Days 4 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo

PARENTS
10. NAME OF FATHER Daniel Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Catherine Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

14. INFORMANT Dakota Clark
(Address) Montgomery City Mo

15. FILED 8/21 1928 A. J. Kiver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1928, to Aug 21, 1928 that I last saw him alive on Aug 20, 1928, and that death occurred, on the date stated above, at 11:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia (Cerebral apoplexy)
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) 5 yrs. mos. ds.

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) E. W. Tinsley M. D
8/21, 1928 (Address) Montgomery City Mo.

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellflower Cemetery
DATE OF BURIAL: 8/22 1928

20. UNDERTAKER: A. J. Kiver
ADDRESS: Bellflower 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.

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CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Montgomery — Registration District No. ..... File No. .....
Township: Bear Creek — Primary Registration District No. ..... Registered No. .....
City ..... (No. .... St. .....

2. FULL NAME: Edward Alexander Clark

(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident give city or
(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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8-16-1873

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
55	0	4	

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

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

PARENTS
10. NAME OF FATHER: Daniel C. Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Catherine Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): St. Louis, Mo.

14. INFORMANT: Mrs. Dakota Clark
(Address): Montgomery City, Mo. R.F.D.

15. FILED ....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEA

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug

17. I HEREBY CERTIFY, That I attended dec
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THE CAUSE OF DEATH* WAS AS FOLLOWS:
.....
.....
.....
..... (duration) ..... yrs

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs

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) .....
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from (1) MEANS AND NATURE OF INJURY, and (2) whether A HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

20. UNDERTAKER