

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

Do not use this space.

32784

1. PLACE OF DEATH

County.....Buchanan..... Registration District No.....135
 Township..... Primary Registration District No.....
 City.....St. Joseph..... (No. Noyes Hosp. St. Ward)

File No.....
 Registered No. 1180

2. FULL NAME Hugh Clark

(a) Residence. No. 4th & Edmond St. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 21

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

9. BIRTHPLACE (CITY OR TOWN) Flag Springs
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Agnes Wood
 (Address) 2907 Francis St.

15. FILED 15-1928 REGISTRAR John J. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 13 19 28

17. I HEREBY CERTIFY, That I attended deceased from 10-1- 1928 to 10-13- 1928 that I last saw him alive on 10-12- 1928, and that death occurred, on the date stated above, at 4:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis
34
78B
 (duration) yrs. mos. 21 ds.
 CONTRIBUTORY Syphilis
 (SECONDARY) (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
 (Signed) Mrs. A. Fisher M. D.

Oct. 13, 1928 (Address) 320 Kirkpatrick Bldg

*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. Mora Cemetery DATE OF BURIAL Oct. 15 19 28

20. UNDERTAKER H. O. Sidenfaelen ADDRESS 1802 Union St.

20 1928

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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

