FEB 21 1929

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

Do not use this space.

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1. PLACE OF DEATH

County Caldwell, Registration District No. 95 File No. 2

Township Lincoln, Primary Registration District No. 5141 Registered No. 2

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Edgar A. 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male,

4. COLOR OR RACE: White,

5. [redacted], WIDOWED OR (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mariah A. ~~Edgar,~~ Michael

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug.-13th.-1843

7. AGE: YEARS 85 | MONTHS 5 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer,

(b) General nature of industry, business, or establishment in which employed (or employer): Retired,

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana.

PARENTS

10. NAME OF FATHER: Stephen M. Clark,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Rhode Island,

12. MAIDEN NAME OF MOTHER: Nancy Runells,

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

14. INFORMANT (Address): C. Frank McCray Cowgill, Mo.

15. FILED Jan 20/1929 G. B. Cowley, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 19, 1929, that I last saw him alive on Jan 11, 1929 and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

[illegible]

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) [illegible]

(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) [illegible], M. D.

Jan. 19, 1929 (Address) [illegible]

*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: Highland Cemetery, -Hamilton-Jan 22/1929

DATE OF BURIAL

20. UNDERTAKER: E. P. Michael-Braymer Mo.

ADDRESS