

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

Do not use this space.

1802

1. PLACE OF DEATH

County Jackson
Township Rant
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 394
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3039 Harrison St., 4 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 mos. 15 da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. (If nonresident give city or town and State)

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 Mrs Clara Ruth Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
43 3 22

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Atchison Kansas
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Abraham Dodge Clark

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

12. MAIDEN NAME OF MOTHER Mary Coulee

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

14. INFORMANT Mrs. Clara Ruth Clark
(Address) 3039 Harrison

15. FILED 1/26, 1929 M. M. Cline
Asst REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929 to Jan 26, 1929
that I last saw him alive on Jan 26, 1929, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tachymeningitis Hemorrhagica

CONTRIBUTORY (SECONDARY) Syphilis?
(duration) yrs. _____ mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? Refused

WHAT TEST CONFIRMED DIAGNOSIS? Blood in spinal fluid.

(Signed) Carl R. Ferris M. D.

Jan 26, 1929 (Address) 934 Argyle Bldg N.E.M.

*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 Atchison Kansas
DATE OF BURIAL Jan 26 29

20. UNDERTAKER Eggar Funeral Home
ADDRESS 1800 Linwood

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.

