MAR 21 1929

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

Do not use this space.

5790

1. PLACE OF DEATH
County Cass — Registration District No. 156 — File No.
Township Grandriver — Primary Registration District No. 4090 — Registered No. 6
City Harrisonville (No. ..... St. ..... Ward)

2. FULL NAME Frank J. Clarke
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 41 mos. — ds. — How long in U. S., if of foreign birth? 50 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.

96
8
8
8

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 Cora M Clarke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	4	12	

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

9. BIRTHPLACE (CITY OR TOWN) Daventry
(STATE OR COUNTRY) England

PARENTS
10. NAME OF FATHER John Clarke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Emma Cassell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England

14. INFORMANT Mrs. Cora M. Clarke
(Address) Harrisonville, Mo.

15. FILED 2/12, 1929 A S Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1929

17. I HEREBY CERTIFY, That I attended deceased from 10-4-, 1927, to 2-12, 1929 that I last saw her alive on 2-11, 1929, and that death occurred, on the date stated above, at 2-P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
97
..... (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S B Long, M. D.
2/12, 1929 (Address) Hville 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	DATE OF BURIAL
Orient	2/13 1929
20. UNDERTAKER	ADDRESS
Rinnenburger Bros Co	Harrisonville