

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

Do not use this space.

18492

1. PLACE OF DEATH

City Carrollton (No.) Registration District No. 407
 County Gasconade Primary Registration District No. 4241
 Township St. Ward

2. FULL NAME

Narcis N. Clarke
 (a) Residence, No. 413 N. Fountain 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15, 1913
7. AGE YEARS MONTHS DAYS **IF LESS than 1 day,hrs. ormin.**
15 X 22

8. OCCUPATION OF DECEASED

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

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

Panama Kansas
10. NAME OF FATHER Pamerson Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ellen L. Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Pamerson Clark
 (Address) Carrollton Mo.

15. FILED 5-8 1929 O. L. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7, 1929
17. I HEREBY CERTIFY, That I attended deceased from April 30, 1929, to May 7, 1929
 that I last saw him alive on May 6, 1929, and that death occurred, on the date stated above, at 5:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
23A (duration) yrs. 11 mos. da.
CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
19. DID AN OPERATION PRECEDE DEATH? No DATE OF
20. WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Spitum examination
 (Signed) A. M. Stromont, M. D.

578 . 19 9 (Address) Webb City 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 Russell Cemetery **DATE OF BURIAL** 5-8 1929

20. UNDERTAKER Webb City Und & Crematory **ADDRESS** Webb City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 28 1929

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