

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

Do not use this space.

25346

1. PLACE OF DEATH
 County: Newton Registration District No. 1046
 Township: Shoal Creek Primary Registration District No. 3570
 City: _____ (No. _____) St. _____ Ward _____

2. FULL NAME: Donivan Clark
 (a) Residence. No. 22 17 Byers, Goplin mo. (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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX: M.
 4. COLOR OR RACE: W.
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 16-1913

7. AGE: YEARS 15 MONTHS 11 DAYS 9
 If LESS than 1 day,hrs. ormin.

8. OCCUPATION OF DECEASED: Cady. 1833
 (a) Trade, profession, or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employer): Self Lumber.
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-25-29

17. HEREBY CERTIFY, That I attended deceased from July 25, 1929 to July 25, 1929
 that I last saw personally on July 25, 1929 and that death occurred, on the date stated above, at 5:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental drowning
By falling in creek
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (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) James H. ...
7-25-1929 (Address) ...

*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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newton Mo

10. NAME OF FATHER: John Clark

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Springdale Ark.

12. MAIDEN NAME OF MOTHER: Mary Morgan

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

14. INFORMANT: John Clark
 (Address) Goplin mo

15. FILED: 7/29 1929 J. W. Thurman REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Park Bur. DATE OF BURIAL: 7-26-29

20. UNDERTAKER: Hurlbut & Co ADDRESS: Goplin Mo

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.

1929
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