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

Do not use this space. 35733

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. 1316 Lake Ave St. Ward)
File No. ... Registered No. 3721

2. FULL NAME: Andrew P. C. Clark
(a) Residence. No. 1316 Lake Ave., St., 4 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.

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: Mary Ellen Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 17, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	61	7	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Night Watchman
(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): Ills.

PARENTS
10. NAME OF FATHER: Henry H. Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Amelia Harrison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ills.

14. INFORMANT: Mrs Roy Clark
(Address): 720 Belleview

15. FILED 9/4, 19 29 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1928 to Sept 3 1929 that I last saw h. alive on Sept 3 1929, and that death occurred, on the date stated above, at 1:05 A. m. Sept 4

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
7 hr
Stroke
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Geo. L. Black, M. D.
9/4, 19 29 (Address) 743 Gillham Road K.C. 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
Mt. Moriah Cemetery	9-5-29 19
20. UNDERTAKER	**ADDRESS**
R. V. LINDSEY & SONS, Inc	K.C. 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.

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

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Absence of findings of subacute bacterial endocarditis