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

Do not use this space.

37248

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4718
Township Kaw — Primary Registration District No. 1002 — Registered No. 4718
City Kansas City (No. Trinity Luthern Hospital St. Ward)

2. FULL NAME Clarence Burr Clark
(a) Residence. No. 4009 Warwick St., 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred - yrs. 2 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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~~ Mary G. Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29, 1865

7. AGE 64 YEARS — MONTHS 6 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

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

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

PARENTS
10. NAME OF FATHER John W Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Haddan
(STATE OR COUNTRY) Conn.
12. MAIDEN NAME OF MOTHER Alice Ann Swain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs E J Ehbauer
(Address) 1432 East 77th St Ter

15. FILED 11/18, 1929 M. M. Crowe REGISTRAR
Assr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17, 1929

17. I HEREBY CERTIFY, That I attended deceased from 11 3, 1929, to 11 16, 1929 that I last saw h..... alive on 11 16, 1929, and that death occurred, on the date stated above, at 1:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
54
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Pyo nephritis
Bronchopneumonia
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C Conwn, M. D.
11/18, 1929 (Address) KC 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 Mt Moriah — DATE OF BURIAL 11/19 1929

20. UNDERTAKER Freeman Mortuary — ADDRESS 104 W 42nd

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.