

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

Do not use this space.

39110

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1002  
(No. City Hospital)

File No. ....  
Registered No. 11592  
St. .... Ward)

**2. FULL NAME**

James D. Clark  
(a) Residence No. Memorial Home 72609 S Grand  
(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: Male 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: Charlotte Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
90 2 9

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work: Cooper 210  
(b) General nature of industry, business, or establishment in which employed (or employer):  
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): L.A.  
(STATE OR COUNTRY)

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Mary Trate (daughter)  
(Address) 5638 S. Kingshighway

15. FILED: 11/27 1929  
REGISTRAR: W. C. Stacker

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25 1929

17. No Physician in attendance  
I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Hypostatic Pneumonia following fracture of ribs + rib cage

CONTRIBUTORY (SECONDARY) Struck by auto

18. WHERE AND DISEASE CONTRACTED: Accident

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)..... M. D.

11/27 1929 (Address) Dep. Coroner

\*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: St. Mathew's Cemetery

DATE OF BURIAL: Nov 27 1929

20. UNDERTAKER: Philander Craig Washington

ADDRESS: 1416 S

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.

RECORD

