

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

Do not use this space.

5688

**1. PLACE OF DEATH**

County Missouri Registration District No. 547 File No. \_\_\_\_\_  
 Township Million Primary Registration District No. 3329 Registered No. 35  
 City Hannibal (No. St. Elizabeth Hospital St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. 315 N. 7th St. 2 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**

**MEDICAL CERTIFICATE OF DEATH**

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 \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 - 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 11 14  
 8. OCCUPATION OF DECEASED 137  
 (a) Trade, profession, or particular kind of work Engin 131  
 (b) General nature of industry, business, or establishment in which employed (or employer) 131  
 (c) Name of employer \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12-1930  
 17. I HEREBY CERTIFY, That I attended deceased from 1-6, 1930, to 2-12, 1930, that I last saw him alive on 2-11-30, 1930, and that death occurred, on the date stated above, at 5:35 p. m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Uremia - (Chronic parenchymatous nephritis)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.  
 CONTRIBUTORY (SECONDARY) Ch. Prostatis hypertrophica  
 (duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) Hellert Station  
 (STATE OR COUNTRY) Mo.  
 10. NAME OF FATHER Charles Clark  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) mo  
 12. MAIDEN NAME OF MOTHER Molly Spurr  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) mo.

18. WHERE WAS DISEASE CONTRACTED? \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-6-30  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) J. H. Hardesty M. D.  
 , 19 1930 (Address) Hannibal 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.

14. INFORMANT Miss Genevieve Clark  
 (Address) Hannibal Mo  
 15. FILED 2/15-30 W. E. Clausius  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary Cemetery DATE OF BURIAL 2-14-1930  
 20. UNDERTAKER James O'Donnell ADDRESS Hannibal 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.

MAR 28 1930

