

JUN 2 1930

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

Do not use this space.

15414

1. PLACE OF DEATH

County Buchanan  
Township  
City St Joseph (No. III7 N 2nd St)

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 637 St. \_\_\_\_\_ Ward)

2. FULL NAME

James Lester Clark

(a) Residence. No. III7 N 2nd St. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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 24 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
43 0 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Thomas Clark

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harvard (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Martha Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Mo.

14. INFORMANT Everett Clark (Address) 79 Insenh Way

15. FILED 29 1930 John L. Up. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1930 to May 28 1930, and that I last saw him alive on May 28 1930, and that death occurred, on the date stated above, at 11:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis of Lungs

7.3A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) No facts (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 21 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical History  
(Signed) Tornet Thomas M. D.

5/29.1930 (Address) 80 1/2 Felix

\*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 Ashland Cemetery DATE OF BURIAL May 30 1930

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1946 Colburn

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.

THIS IS FOR PERMANENT RECORD

