OCT 29 1930

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

Do not use this space.

30251

**1. PLACE OF DEATH**

County Jasper — Registration District No. 411 — File No.

Township — Primary Registration District No. 2002 — Registered No.

City Joplin, Mo. (No. ..... St. ..... Ward)

**2. FULL NAME** Robert A. Clark

(a) Residence. No. 15th & Texas St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 21-1871

7. AGE: Years 59 — Months 1 — Days 16 — If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dadeville Mo.

PARENTS
10. NAME OF FATHER: Robert A. Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Gettysburg Pa.
12. MAIDEN NAME OF MOTHER: Julia Withrow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Rock Bridge Va.

14. INFORMANT: Dr. W. L. Post
(Address) 15 & Texas

15. FILED 9/6, 1931 — A Benson Clark, REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 7th 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 17th, 1930, to Sept. 6, 1930 that I last saw him alive on Sept 6, 1930 and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Arteriosclerosis
9 & B
11 & B
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Terminal Pneumonia
(duration) yrs. mos. 10 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? Laboratory
(Signed) Hall L. Neff M. D.
9/8, 1930 (Address) Joplin 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. Hope Cem. — DATE OF BURIAL: Sept 9th 1930

20. UNDERTAKER: Frank-Sievers Co. — ADDRESS: Joplin Mo

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

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.