NOV 21 1930

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

85

Do not use this space.

32191

File No. .....

Registered No. 1115

1. PLACE OF DEATH

County Buchanan ..... Registration District No. 1001

Township ..... Primary Registration District No. .....

City St. Joseph Mo. (No. Missouri Methodist Hospital ..... Ward)

2. FULL NAME Alvin John Clark

(a) Residence. No. 1209 Jule ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes H. Clark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 18 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	"	"	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Rezin Clark

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Agnes Clark
(Address) 1209 St. Joseph, Mo.

15. FILED ..... 19 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 29, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1930, to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at 4:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide - By Fire Arms at Home 1209 Jule St Joseph Mo

(duration) ....yrs....mos....ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ....yrs....mos....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? —

(Signed) Geo. Tollack Coroner, M. D.

10/31, 1930 (Address) 821 Francis

*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 Memorial Park — DATE OF BURIAL Nov 1, 1930

20. UNDERTAKER Eleman Funeral Home — ADDRESS 1946 Cedar

Nov 31 1930 John G. [illegible]

Nov. 20. 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.