

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

Do not use this space.

6021

**1. PLACE OF DEATH**

County Jasper Registration District No. 11 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 242 Registered No. \_\_\_\_\_  
 City Jasper (No. St. Johns Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edward J. Urdark  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Urdark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ yrs. or _____ min.
<u>47</u>	<u>10</u>	<u>1</u>	<u>22</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work merchant  
 (b) General nature of industry, business, or establishment in which employed (or employer) 111  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Duway Colo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Harry Urdark

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

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no record  
 (STATE OR COUNTRY)

14. INFORMANT Mrs Bertha Urdark  
 (Address) Jasper Mo

15. FILED 74 631 Tabernan Clark  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-6-31

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931, to Feb 6, 1931, that I last saw him alive on Feb 6, 1931, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of the transverse Colon  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) H6C  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) M. G. Cronk, M. D.

2-28, 1931 (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 Warsaw Mo DATE OF BURIAL 2/8/31

20. UNDERTAKER Spurlock Co ADDRESS Joplin 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.

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

MAR 25 1931

