

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

Do not use this space.

11810

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1003  
No. St. Luke's Hospital

File No.....  
Registered No. 3045  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 5534 Maple Ave. St. 5 Ward. (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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 28<sup>th</sup> 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>2</u>	<u>9</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Publisher 1916  
(b) General nature of industry, business, or establishment in which employed (or employer) American Paint Journal  
(c) Name of employer

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

10. NAME OF FATHER Wm. G. Clark

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

12. MAIDEN NAME OF MOTHER Wichita

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

14. INFORMANT Mrs. A. M. Clark  
(Address) 5534 Maple Ave.

15. FILED 9 19 1931 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1931, to March 7, 1931, that I last saw h. alive on March 7, 1931, and that death occurred, on the date stated above, at 8:15 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchopneumonia  
11A  
107A  
(duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) Influenza  
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT A PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? NO DATE OF.....  
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Lab  
(Signed) Walter Baumgarten, M. D.  
March 9, 1931 (Address) 3720 Washington Ave.

\*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 Bellefontaine DATE OF BURIAL 3/10-31

20. UNDERTAKER Wagner Mnd. Co. ADDRESS 3621 Olive St.

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.

