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.

MAY 2 1 1931

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

Do not use this space.

13560

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No.

Township Fishing River — Primary Registration District No. 3011 — Registered No. 56

City Excelsior Springs, Mo. (No. U.S.Veterans Hospital St. 3rd Ward)

2. FULL NAME CLARK, Guy A.

(a) Residence, No. U.S.Veterans Hospital, Excelsior Springs, Mo. St. Ward Meta, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 12 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: Mrs. Frances Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 1, 1897

7. AGE: YEARS 33 — MONTHS 7 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Hospital Records, Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meta Mo. DATE 4-24-31 19

19. UNDERTAKER (ADDRESS): Hubert Hope, Excelsior Springs Mo

20. FILED 4/24 1931 Y. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1931, to April 23, 1931, 19

I last saw him alive on April 23, 1931, 19 Death is said to have occurred on the date stated above, at 3:45am.

The principal cause of death and related causes of importance were as follows:

Emphysema and bronchitis severe — Date of onset

95B
106D
113

95B

Other contributory causes of importance:
Cardiac hypertrophy
Pulmonary edema

Name of operation none — Date of none

What test confirmed diagnosis? exam&obs. Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — Date of injury ....., 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Garrett V. Johnson, M. D.
(Address) GARRETT V. JOHNSON, U.S.Veterans Hospital, Excelsior Springs, Mo

SEP 11 1956