

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

Do not use this space.

27647

1. PLACE OF DEATH

County Caldwell
Township Kingston
City Kingston

Registration District No. 98
Primary Registration District No. 4060

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

James Hughes Clark

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Jane Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 - 1852

7. AGE YEARS 79 MONTHS 0 DAYS 27 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pearl County Virginia

MOTHER: 13. NAME Henry Jackson Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Sally Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Alice Jane Clark
(ADDRESS) Kingston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton Mo DATE Aug 10 - 1931

19. UNDERTAKER Reed & Clark
(ADDRESS) Kingston Mo

20. FILED Oct 8 1931 Mrs. E. F. Garteide
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1928, to Aug 8 1931.

I last saw him alive on Aug 7 1931. Death is said to have occurred on the date stated above, at 6 A.M.

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

Metastatic Regurgitation Date of onset 1927

Chronic Interstitial Nephritis - 1930

Other contributory causes of importance:

Chronic Interstitial Nephritis - 1930

Name of operation none Date of _____

What test confirmed diagnosis? Lab. & Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Herbert R. Beach M. D.
(Address) Hamilton 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.

OCT 22 1931

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

