

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

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.

JAN 19 1932

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

40-139
40229
File No. _____
Registered No. 1274
St. _____ Ward)

1. PLACE OF DEATH

County Ruehanna
Township _____
City St. Joseph Mo. No. _____

Registration District No. 85
Primary Registration District No. 1001

State Hosp. #2

2. FULL NAME

(a) Residence, No. Hellington Mo. P.F. St. #1 Ward. Hellington Mo. P.F. #1
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) year 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 None None

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Heron 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 State Hospital Records
(Address) St. Joseph Mo.

15. FILED 12-23-31 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1931

17. HEREBY CERTIFY, That I attended deceased from April 23 1931 to Dec 21 1931 that I last saw him alive on Dec 21 5:50 P.M. 1931 and that death occurred, on the date stated above, at 7:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
10779
39 (duration) yrs. 7 mos. 7 ds.
CONTRIBUTORY (SECONDARY) Cerebral Arteriosclerosis
10770 (duration) yrs. 7 mos. 29 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) Calvin Smith, M. D.

Dec 21 1931 (Address) State Hosp. #2

*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 DATE OF BURIAL

State Hospital for Insane Dec 23 1931

20. UNDERTAKER ADDRESS

Heaton-Bellevue Bowman 319 S. 10th

Funeral Home.

