

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

Do not use this space.

1. PLACE OF DEATH

County Newton Registration District No. 611
Township Buffalo Primary Registration District No. 5813
City Shelbyville

File No. 41694
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(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 Oliver Clark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 85
7. AGE YEARS 46 45 MONTHS 55 DAYS 8 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) mo
MOTHER FATHER
13. NAME George Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
15. MAIDEN NAME Julia Rogan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Rogan DATE 12/29 1931
19. UNDERTAKER (ADDRESS) Thomas C. Mitchell
20. FILED 1/10 1931 C. E. Morris Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29 1931
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:
Gun shot wound in left chest inflicted with 460 shot gun, with suicidal intent. Date of onset 12/7
Other contributory causes of importance:
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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? ✓
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 12/29, 1931
Where did injury occur? Newton Co., Nevada, R.R. 4 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home on a farm
Manner of injury shot gun wound
Nature of injury shot gun wound
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) C. E. Morris _____, M. D.
(Address) Nevada, 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

