

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 very important.

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

Trippier
Do not use this space.

1721

1. PLACE OF DEATH

County *Macon*
Township *Chanton*
City (No., Ward)

Registration District No. *529*
Primary Registration District No. *5705*

File No.
Registered No.
St. Ward)

2. FULL NAME *Howard Clark*

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *W*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 5 1852*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 27

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) *Illinois*

13. NAME *Howard Clark*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W Va*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

17. INFORMANT *Chas Clark*
(ADDRESS) *Buffalo N.Y.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Chapel Hill* DATE *Jan 5 1932*

19. UNDERTAKER *Albert Skumie*
(ADDRESS) *Macon Mo*

20. FILED *Jan 8 1932*, *J. L. Trippier, M.D.*
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 2 1932*

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw him alive on *December 26 1931*. Death is said to have occurred on the date stated above, at *6 P* m.

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

had asthma Heart trouble Feeble and Debilitated for several years 195 B

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? *Don't know* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?, 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) *J. L. Trippier*, M. D.
(Address) *College Mound, Mo.*

