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.

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

Do not use this space.

2629

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 322

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Benjamin Hunter Clark

(a) Residence, No. 1604 Cass A St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 18 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: Elizabeth Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22, 1879

7. AGE: YEARS 52 MONTHS 6 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cooper 95
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
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): St. Louis Missouri

FATHER

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

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

17. INFORMANT (ADDRESS): Orr Mullinax M. D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Louisana Mo. DATE Jan 13. 1932

19. UNDERTAKER (ADDRESS): A. W. McLaughlin 1631 Missouri Ave

20. FILED 11 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1 - 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1916, to 1 - 9, 1932

I last saw him alive on 1 - 9, 1932. Death is said to have occurred on the date stated above, at 9:05 p.m.

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

	Date of onset
23 A	
926	
117	
Chronic Myocarditis	3-13-28
Other contributory causes of importance:	
Asthma	4-7-16
Dementia Praecox	4-7-16
Pulmonary tbc	3-13-28

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? ..... 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? .....

If so, specify .....

(Signed) Orr Mullinax, M. D.

(Address) 5400 Arsenal