

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.

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

Do not use this space.

12782

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Bar Primary Registration District No. 1002 File No. _____
 City K. C. Mo. (No. 2941, Forest Ave) St. _____ Registered No. 1721
 _____ (Usual place of abode) _____ (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. 2941 Forest St. Ward. 4
 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Fred M. Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-12-1866</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>4</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Motor Car</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Salesman</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>9</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
MOTHER	13. NAME <u>Marjorie Clark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
	15. MAIDEN NAME <u>Eliz. Clark</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
17. INFORMANT (ADDRESS) <u>Minnie Fred M. Clark</u> <u>2941 Forest St., K. C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richita</u> DATE <u>4-27-32</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. L. E. Forster</u> <u>918 Brookman Ave</u>		
20. FILED <u>426</u> 19 <u>32</u> M. M. <u>Conroe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-24-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1932 to April 14, 1932
 I last saw him alive on April 24, 1932 Death is said to have occurred on the date stated above, at 7:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Uremia
Sclerotic Heart Disease
Angina Pectoris
 Date of onset 1-1-30

Other contributory causes of importance:
① PHN

Name of operation _____ Date of _____
 What test confirmed diagnosis? ETC Blood Chemistry 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? no
 If so, specify _____
 (Signed) George C. Lee M. D.
 (Address) 1022 Ogden Bldg. N. C. 7110

