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

File No. 18725
Registered No. 559

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph Mo (No. State Hospital #2 St. Ward)

2. FULL NAME William A. Clark
(a) Residence. No. Tindall Mo St., Ward. Tindall Mo. (If nonresident, give city or town and State)
(Usual place of abode)
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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 1882
7. AGE: Years 50 — Months unknown — Days — If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): Mo unknown
(STATE OR COUNTRY): Mo
PARENTS
10. NAME OF FATHER: Stephen T. Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Emma Caskey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): Mo
14. INFORMANT: State Hospital Records
(Address): St Joseph Mo
15. FILED 6-8, 1932 — John R. Bender, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 8 1932
17. I HEREBY CERTIFY, That I attended deceased from May 16, 1932 to June 8, 1932 that I last saw ~~him~~ alive on June 8, 1932 and that death occurred, on the date stated above, at 6:45 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of Insane
83
34
Syphilis (duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (SECONDARY) ... (duration) ...yrs. ...mos. ...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? Laboratory
(Signed) C. E. Miles, M. D.
June 8, 1932 (Address) St Joseph Mo

*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: Albany Mo — DATE OF BURIAL: 6/9 1932
20. UNDERTAKER: J. W. Poland — ADDRESS: Cameron Mo