

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.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **1437**, **Francis**)

File No. **24968**
Registered No. **17169**
St. Ward)

2. FULL NAME

(a) Residence, No. **1437 Francis St.**, **21** Ward.

(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

SEX Male	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Clark		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE	YEARS	MONTHS
abt. 47		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
Garitor		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill		
13. NAME John C. Clark		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill		
17. INFORMANT Mattie Clark (ADDRESS) 1437 Francis		
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Jackson DATE 8-3 19 32		
19. UNDERTAKER R. V. Adams (ADDRESS) 3319 Mississippi St		
20. FILED 106-3-153 Missouri Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July - 28th 1932**

22. I HEREBY CERTIFY That I attended deceased from **7-22**, 19**32** **7-28**, 19**32**

I last saw him alive on **7-28**, 19**32** 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:
Carcinoma of Stomach Date of onset

46B **46B**

Other contributory causes of importance: **1**

Name of operation: **Pharynx** Date of: **7-28**

What test confirmed diagnosis? **Pharynx** where an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** Date of injury:, 19.....
Where did injury occur? **no** (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: **no**
(Signed) **O. P. Porter**, M. D.
(Address) **2746 Bankers**

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