

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

Do not use this space.

25660

1. PLACE OF DEATH

County Chariton Registration District No. 169
Township Brunswick Primary Registration District No. 4098
City Brunswick (No. _____) St. _____ Ward _____

File No. _____
Registered No. 33

2. FULL NAME

HENRY CLARKSON

(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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>about 65</u>	MONTHS <u>-</u>	DAYS <u>-</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>Day Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Day work</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick Mo</u>	
	13. NAME <u>Ruben Clarkson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co Mo</u>	
FATHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mo</u>	
	17. INFORMANT <u>Amie Freedland</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Brunswick Mo</u> DATE <u>Aug 29 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. [unclear] Brunswick Mo</u>		
20. FILED <u>Aug 29 1932</u> <u>Henry E. Tatum</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1932 to Aug 28 1932
I last saw him positive on Aug 28 1932 Death is said to have occurred on the date stated above, at 5P m.
The principal cause of death and related causes of importance were as follows:
Myocarditis Date of onset Aug 1932
Chronic parenchymatous nephritis 1929
Other contributory causes of importance: None
Name of operation None Date of _____
What test confirmed diagnosis None Was there an autopsy No

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) Henry E. Tatum, M. D.
(Address) Brunswick Mo

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.

SEP 24 1932

