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.

OCT 29 1932

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

Do not use this space.

30210

1. PLACE OF DEATH

96 County St Louis — Registration District No. 784 — File No.

Township St Ferdinand — Primary Registration District No. 6030 — Registered No.

City S. Kinloch (No. S. Kinloch Park St. Ward)

2. FULL NAME Alfred Clark

(a) Residence, No. S. Kinloch St., Ward. (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 Male

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nettie Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-27-1887

7. AGE YEARS 45 MONTHS 0 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

FATHER

13. NAME Thomas Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

MOTHER

15. MAIDEN NAME Sarah Stark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Nettie Clark S. Kinloch

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 9-26 32

19. UNDERTAKER (ADDRESS) W. S. Wade Und Co. 4202 Finey Ave.

20. FILED 10/5 1932 E. J. Harris Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23- , 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1932, to , 1932

I last saw him alive on 9/23, 19.... Death is said to have occurred on the date stated above, at 12 40 a.m.

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

	Date of onset
1/1-1932	
Pulmonary Tuberculosis	
23A	
92A	
2 3	
1	

Other contributory causes of importance:

Valvular Disease of Heart

9

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) W. R. Hatters, M. D.

(Address) S. Kinloch Mo

DEC 7 1948