

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

Do not use this space.

8475

1. PLACE OF DEATH

County Bates
Township Urago
City Rich Hill Mo (No. 6)

Registration District No. 53
Primary Registration District No. 2005

File No. _____
Registered No. 14
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1867-10-26

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	65	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) _____

13. NAME Rev Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Ada Clark Rich Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green town DATE 3-9-33

19. UNDERTAKER (ADDRESS) South St. Joseph Mo

20. FILED M.H.Y., 1933 James Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 33 to Mar 7 33. I last saw him alive on Mar 7 33. Death is said to have occurred on the date stated above, at 6:30 a.m. The principal cause of death and related causes of importance were as follows: 82B

Other contributory causes of importance: 82B

James Ambler

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) James Allen, M. D. (Address) Rich Hill Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 17 1933

