

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.

MAY 24 1933

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

Do not use this space.

15562

1. PLACE OF DEATH

County Worth
Township Witchcraft
City Grant City (No. _____)

Registration District No. 903Primary Registration District No. 4846

File No. _____

Registered No. 10

St. _____ Ward _____

2. FULL NAME Francis Marion Clark

(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 35 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Clara J. Clark6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1860

7. AGE

YEARS 74MONTHS 8DAYS 1

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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) Perry Co. Illinois13. NAME John J. Clark14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.15. MAIDEN NAME Isabelle Ramsey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Mo.17. INFORMANT (ADDRESS) Ada Clark

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Hope Cem. DATE 4/13/3319. UNDERTAKER (ADDRESS) John G. Dumble20. FILED 4/12/3319. 33John A. Anderson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 193322. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to April 11, 1933I last saw him alive on April 11, 1933. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Date of onset _____

Acute pulmonary embolizing apoplexy

Other contributory causes of importance: _____

Name of operation NoneDate of None

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) L. E. Miller, M. D.(Address) Grant City Mo

