

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

Do not use this space.

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File No. 15769
Registered No. 498
St. _____ Ward _____

1. PLACE OF DEATH
11 County Buchanan Registration District No. _____
5 Township _____ Primary Registration District No. 1001
9 City St. Joseph (No. State Hospital #2)

2. FULL NAME George A. Clark
(a) Residence, No. 3315 Sacramento Street Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 10

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

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

10. Date deceased last worked at this occupation (month and year) Nov 1932 11. Total time (years) spent in this occupation 24

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Eastern

13. NAME Geo. J. Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Buchanan Co., Mo

15. MAIDEN NAME Catherine Popperwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Buchanan

17. INFORMANT (ADDRESS) Records Dept St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Church DATE May 16, 1933

19. UNDERTAKER (ADDRESS) Walter Mendelsohn 1302 Kansas St St. Joseph Mo

20. FILED 5-16-1933 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1933

I HEREBY CERTIFY, That I attended deceased from March 7 1933, to May 14 1933.
I last saw him alive on May 14 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

85 Date of onset May 14/33
29
34 15315

Other contributory causes of importance:
Lucetic Ulcer Right Arm May 17/33
New Paralysis Insane 3/17/30

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) W. Clefley Smith, M. D.
(Address) State Hospital #2 St. Joseph Mo

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.

JUN 20 1933

MARGIN RESERVED FOR BINDING

OCT 14 1941

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