

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

Do not use this space.

27813

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **10001**
City **St. Louis** (No. **216 a**, **Miller** St. Ward)

File No.
Registered No. **6840** St. Ward)

2. FULL NAME **JAMES C. CLARK**

(a) Residence, No. **216 a Miller** St. **23** Ward.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred **15** 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 Sarah Clark		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 28-1873		
7. AGE	YEARS	MONTHS
	59	8
		8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed		
10. Date deceased last worked at this occupation (month and year) June 1933		11. Total time (years) spent in this occupation 7
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
13. NAME Unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT Mrs Sarah Clark (ADDRESS) 216 a Miller St		
18. BURIAL, CREMATION, OR REMOVAL PLACE Bismark, Missouri DATE August 8, 1933		
19. UNDERTAKER G. J. McLaughlin (ADDRESS) 617 Madison Ave		
20. FILED AUG -7 1933 G. J. Bradeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 6, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 1st** 19**33** to **Aug 5** 19**33**
I last saw him alive on **Aug 5** 19**33** Death is said to have occurred on the date stated above, at **4:05 a.m.**
The principal cause of death and related causes of importance were as follows:
Heart prostration
Arteriosclerosis
Emphysema
Chronic nephritis
Date of onset **305**

Other contributory causes of importance:
Emphysema
Chronic nephritis

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) **G. J. McLaughlin**, M. D.
(Address) **3175 a St. Louis**
La. 7618

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.

SEP-26 1933

100-27813

