

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

Do not use this space.

28980

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 20 1933

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 125
 Township Primary Registration District No. 3009
 City (No. Smeltersville) St. Ward

2. FULL NAME James G. Clark
 (a) Residence, No. Smeltersville St. Ward
 (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 widow
 SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-6-18-76

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>57</u>	<u>4</u>	<u>16</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman
 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) Newton (STATE OR COUNTRY) Ill

FATHER
 13. NAME John A. Clark
 14. BIRTHPLACE (CITY OR TOWN) Newton (STATE OR COUNTRY) Ill

MOTHER
 15. MAIDEN NAME Mary E. Whaley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs. Mary G. Clark (ADDRESS) Cape Girardeau
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hobbs Chapel DATE 9-23, 1933
 19. UNDERTAKER Hamer's Funeral Home (ADDRESS) Cape Girardeau Mo
 20. FILED 9/27, 1933 W.C. Sampson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 10:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Heart Disease
95B
 Other contributory causes of importance: 95B

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 9-22, 1933
 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) J. A. Moore (Address) Coroner

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APR 21 1950