

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.

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

Do not use this space.

35543

1934

1. PLACE OF DEATH
 County Andrew Registration District No. 8
 Township Lincoln Primary Registration District No. 5011
 City Amazonia (No. St. Ward)

2. FULL NAME Henry Clay Clarke
 (a) Residence, No. 54 St. 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alice D. Clarke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-8-1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>91</u>		<u>2</u>	<u>11</u>	

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

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) Morgan Co. Ill

13. NAME L. Clarke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Virginia

15. MAIDEN NAME Mary Rannell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ill

17. INFORMANT Mrs. Emma Wallace (ADDRESS) Amazonia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Em. Clatha Cem. DATE Nov-20-1933

19. UNDERTAKER J. Fred Terhune (ADDRESS) Savannah Mo

20. FILED Nov 20 1933 J. W. Holcomb Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-17-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1933 to Nov 19 1933
 I last saw him alive on Nov 19 1933 Death is said to have occurred on the date stated above, at 3:43 p.m.
 The principal cause of death and related causes of importance were as follows:

Ascending Paralysis Date of onset 1932
31A
97
162
 Other contributory causes of importance arterio-sclerosis
hemiplegia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes
 If so, specify _____

(Signed) L. S. Bever M. D.
Amazonia Mo.
 (Address) _____

