

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 4 1934

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

H. J. [Signature]
Do not use this space.

37398

1. PLACE OF DEATH
 County Franklin Registration District No. 651
 Township Little Prairie Primary Registration District No. 5-862
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME James Jackson Clark
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-11-1932</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>0</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Tenn.</u>		
MOTHER FATHER	13. NAME <u>J. C. Clark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
	15. MAIDEN NAME <u>Foxfield</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>J. C. Clark, Caruthersville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Avenue</u> DATE <u>11-10-33</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. South, Caruthersville, Mo.</u>		
20. FILED <u>Nov. 24 1933</u> <u>W. H. South</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10-33

22. I HEREBY CERTIFY, That I attended deceased from Nov 7th 1933 to Nov 9th 1933
 I last saw him alive on Nov 9th 1933. Death is said to have occurred on the date stated above, at 12:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Colic
 Date of onset _____

Other contributory causes of importance: _____

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) J. B. Luten, M. D.
 (Address) Caruthersville, Mo.

