

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

Do not use this space.

40998

1. PLACE OF DEATH

County Chelfs Registration District No. 678
Township St James Primary Registration District No. 594
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Soldiers Home Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jane Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-30-1875</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>8</u>	DAYS <u>4</u>
		If LESS than 1 day, hrs. or min.

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

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) Jan 1, 1930

11. Total time (years) spent in this occupation. 20

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

13. NAME William E Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Laura Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Jesse Clark
(ADDRESS) St James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem DATE 12-6 1933

19. UNDERTAKER W. H. Highlander
(ADDRESS) St James Mo

20. FILED 12-5 1933 Henry H. Wolcott
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1933, to Dec 4 1933.
I last saw him alive on Dec 4 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Peritonitis of Loos Date of onset _____

Other contributory causes of importance: None

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) W. H. Highlander M. D.
(Address) Beers, Mo Soldiers Home
Jungman & Federal Soldiers Home
St James 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.

