MAR 24 1934

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

Do not use this space.

5144

File No. 870

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. [illegible]

Township Kaw — Primary Registration District No. 10

City Kansas City (No. 3847 Jackson Avenue St. Ward)

2. FULL NAME Walter S. Clarke

(a) Residence, No. 3847 Jackson Ave. St., Ward. (If nonresident, give city or town and State)
(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.

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 ~~(OR) WIFE OF~~ Mrs. Minna Clarke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
79	10	17	

OCCUPATION

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

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) Platte City Missouri

FATHER

13. NAME Archibald Clarke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER

15. MAIDEN NAME Lydia Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT Mrs. Minna Clarke
(ADDRESS) 3847 Jackson Ave. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 2/22/34, 19

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED 2-22, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 '34

22. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1934, to Feb 20, 1934

I last saw him alive on Feb 20, 1934 Death is said to have occurred on the date stated above, at 1:45P m.

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

Senility

93

Date of onset

Other contributory causes of importance:

Myocarditis, Chronic

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) C E Kratz D O. M.D.

(Address) 2625 Benton Blvd K C Mo

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.

Dr. Kirtz
Li 3276
2625 Benton