

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
 County Linn Registration District No. 4 C 9 File No. 5558
 Township Greene Primary Registration District No. 5 C 3 2 Registered No. 4
 City J. Harry Clark (No.) St. Ward
 2. FULL NAME J. Harry Clark
 (a) Residence, No. St. Ward Los Angeles, Cal.
 (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.

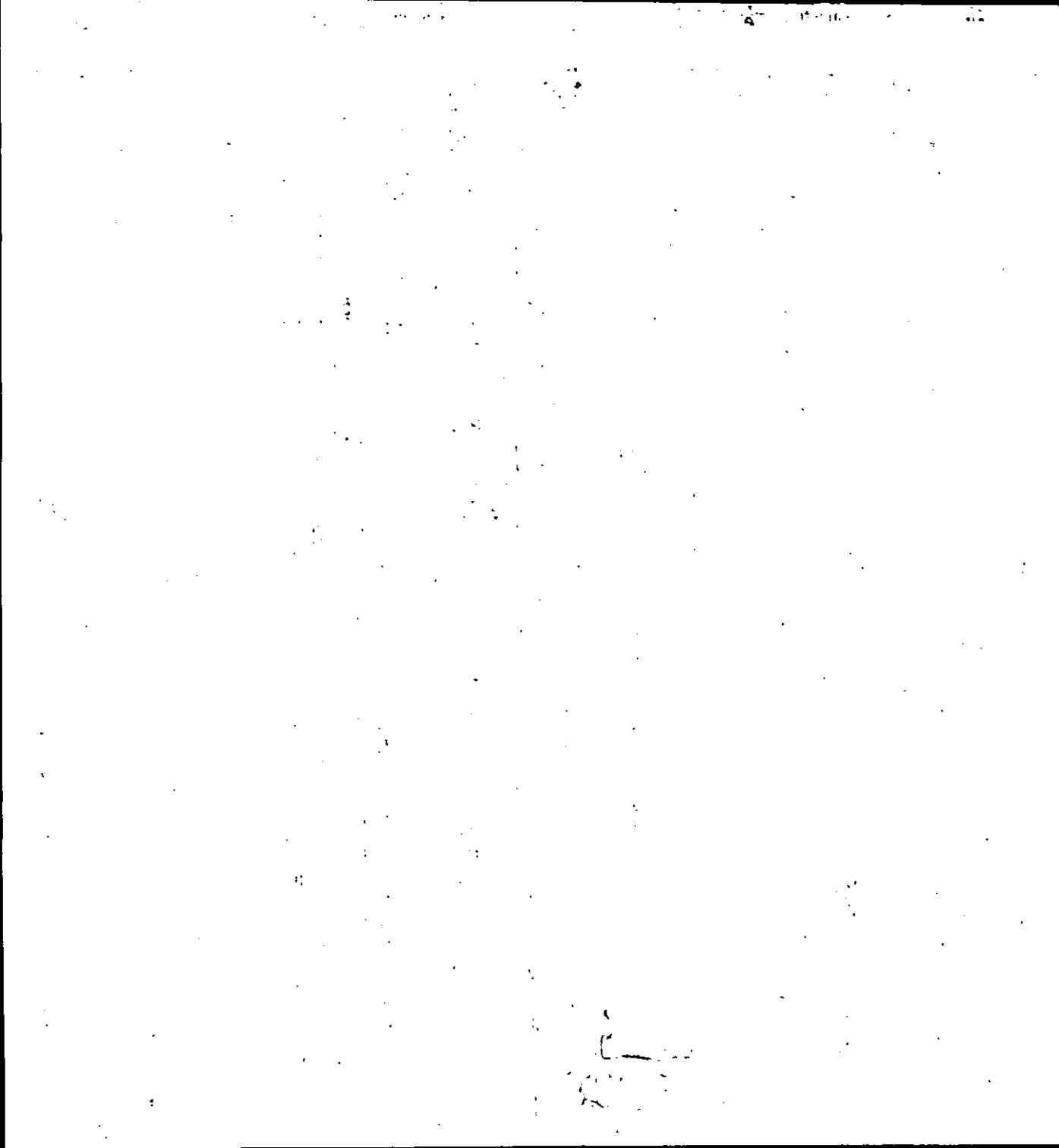
PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Audrey Clark
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2
 7. AGE YEARS 37 MONTHS 11 DAYS 4 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) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wetzel, West Va.
 13. NAME Patrick Clark
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.
 15. MAIDEN NAME Ellen Anderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.
 17. INFORMANT Mrs. Gardener Clark (ADDRESS) Los Angeles, Cal.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Los Angeles, Cal. DATE Feb 19 1934
 19. UNDERTAKER Thomas J. Thomas Funeral Home (ADDRESS) Miller Mo.
 20. FILED 3-1 1934 U. S. Bunnery Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16th 1934
 22. I HEREBY CERTIFY, That I attended deceased from after death, 1934, to , 1934.
 I last saw h. alive on , 1934. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Fracture of skull & internal injuries resulting from auto accident
2:10 PM
 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? Accident Date of injury 2/16, 1934.
 Where did injury occur? Near Miller Mo.
 (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. Louis Jung, M.D.
 (Address)

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lawrence Registration District No. 469
 Township Greene Primary Registration District No. 5-6-30
 City (No. _____) St. _____ Ward _____

File No. 5558
 Registered No. 244

2. FULL NAME

J. Harry Clark St. _____ Ward _____
 (a) Residence, No. _____ (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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__

19. UNDERTAKER (ADDRESS)

20. FILED 19__ W. B. Bunn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19__

I last saw h. _____ alive on _____, 19__. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Fracture of skull
 several injuries
 from Auto Accident
 7 m. car
 Other contributory causes of importance:
 involved in
 Head on collision

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. A. Bunn, M. D.
 (Address) Wills St

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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