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.

APR 2 1934

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

Do not use this space.

1. PLACE OF DEATH
County Pulaski
Township Bourn
City Crocker (No. ..... St. ..... Ward)

Registration District No. 716
Primary Registration District No. 5945

File No. 10067
Registered No. 9

2. FULL NAME Earl Clark

(a) Residence, No. ..... 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence E. Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4th 1894

7. AGE YEARS 39 MONTHS 5 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage
10. Date deceased last worked at this occupation (month and year) Mch 24/34
11. Total time (years) spent in this occupation 7 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co Mo.

FATHER
13. NAME L. D. Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Bell Sheldon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Florence E. Clark Crocker Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mitchell Cem. DATE Mch 31st 1934

19. UNDERTAKER (ADDRESS) J. Brooks & Sons Crocker Mo.

20. FILED Mch 31, 1934 W. J. Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1934, to Mch 30, 1934
I last saw him alive on Mch 30, 1934. Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	3/21/34
7	
111	
Other contributory causes of importance:	
Oedema of the Lungs	3/29/34

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. J. Lee M. D.
(Address) Crocker Mo.