

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 25 1934

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

Do not use this space.

11589

1. PLACE OF DEATH

County Spokane Registration District No. 154
Township Midridge Primary Registration District No. 100
City Midridge (No. 1) St. Mo Ward 1

File No. 11589

Registered No. 11589

2. FULL NAME Jerry Douglas Clark

(a) Residence, No. Midridge, Mo St. Mo Ward 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 25 ds. 25 How long in U. S., if of foreign birth yrs. 1 mos. 25 ds. 25

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harold Clark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7th - 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 25

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

13. NAME Harold Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Midridge, Mo

15. MAIDEN NAME Bobby Jean Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montsville, Ark

17. INFORMANT (ADDRESS) Bobby Jean Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Midridge DATE April 2 1934

19. UNDERTAKER (ADDRESS)

20. FILED Mar 31 1934 A. H. Gifford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 31 1934 to Mar 31 1934
I last saw him alive on March 31 1934. Death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

Influenza
11/18
Other contributory causes of importance:

Date of onset 3-25-34

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) A. H. Gifford, M. D.
(Address) Midridge, Mo

