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.

JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 81 — File No.: 15875

Township: — Primary Registration District No.: 1221 — Registered No.: 629

City: St. Joseph. (No. 3001 No. 10th. St. St. Ward)

2. FULL NAME: John Thornton Clark

(a) Residence, No. 3001 No. 10th. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 29 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr, 7, 1844

7. AGE: YEARS 90 — MONTHS 1 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Blacksmith Shop.
10. Date deceased last worked at this occupation (month and year): 1924
11. Total time (years) spent in this occupation: 60

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

FATHER

13. NAME: Barnes Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tenn.

MOTHER

15. MAIDEN NAME: Jane Thornton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. D. P. Sample 3001 No. 10th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blakeley Cemetery DATE: May. 30, 1934

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 5-29, 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May, 28, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1930, to May 28, 1934

I last saw him alive on May 28, 1934. Death is said to have occurred on the date stated above, at 6.30 m. P.M.

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

Arteriosclerosis and Infirmity of old age

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Date of onset

Other contributory causes of importance:

Name of operation: none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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? no

If so, specify

(Signed) J. T. Stanley, M. D.

(Address) 2624 St. Joe Ave. St. Joseph, Mo.