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

Do not use this space.

JUL 11 1934

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 19588
Township — Primary Registration District No. 1001 — Registered No. 726
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Harold L. Clark
(a) Residence, No. St., Ward. Clearfield, Iowa,
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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 ~~Marri~~ Pearl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28-1900

7. AGE YEARS 34 MONTHS 2 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. River Const.
10. Date deceased last worked at this occupation (month and year) June 19 34
11. Total time (years) spent in this occupation 5

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

FATHER
13. NAME William Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Unknown

MOTHER
15. MAIDEN NAME Minnie Riley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa Unknown

17. INFORMANT (ADDRESS) James Crew & Sons Clearfield Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Field Iowa DATE June 25 1934

19. UNDERTAKER (ADDRESS) Heaton Bessole & Bauman 319 So. 10 St Joseph Mo.

20. FILED 6-23-1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1934

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ on June 23, 1934, to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 12 midnight
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured jugular vein & fractured skull.	
210 M	

Other contributory causes of importance:
Auto accident

Name of operation Jugular legatee Date of 6/22/34
~~What test~~ confirmed diagnosis? Clin Hist Tes Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/22, 1934
Where did injury occur? Iowa (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto accident
Nature of injury Fractured skull ruptured jugular

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Tomas Thomas Coroner, M.D.
(Address) 731 Faaron

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 726
City St Joseph (No. Mo Methodist Hosp St. Ward)

2. FULL NAME Harold L 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

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.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
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 7-28 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1934

22. I HEREBY CERTIFY That I attended deceased from 19, 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:

	Date of onset
Ruptured jugular vein & fractured skull	2

Other contributory causes of importance:
Auto accident
2 cars involved

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) , M. D.
(Address)

SUPPLEMENTARY

210

S-19588