

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. 20287
 Township Kear Primary Registration District No. 1000 Registered No. 2402
 City Kansas City (No. RCG General Hosp) St. 2402 Ward

2. FULL NAME

Carl Clark
 (a) Residence, No. Edham Hotel Ward.

Length of residence in city or town where death occurred 20 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 5-31, 1934 to 6-1, 1934
 I last saw him alive on 6-1, 1934 Death is said to have occurred on the date stated above, at 12:40 pm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1878

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

7. AGE YEARS 55 MONTHS 8 DAYS 13 If LESS than 1 day, hrs. or min.

Pulver Pneumonia Date of onset

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

108 / 108
 Other contributory causes of importance:

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

Name of operation Date of

13. NAME Carl Clark

What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

15. MAIDEN NAME Mary Davis

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury Nature of injury

17. INFORMANT (ADDRESS) Benard Clark RCH

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. H. Bennett, M. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE 6/4

19. UNDERTAKER (ADDRESS) St. B. Joseph

20. FILED 6-2 1934 m. m. McQuinn Registrar.

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.

JUL 17 1934

1-1-34

1. NAME OF THE PARTY _____

2. ADDRESS _____

3. CITY _____

4. STATE _____

5. ZIP _____

6. DATE _____

7. BY _____

8. TITLE _____

9. ORGANIZATION _____

10. TELEPHONE _____

11. TELETYPE _____

12. FAX _____

13. EMAIL _____

14. OTHER _____

15. REMARKS _____

16. INITIALS _____

17. SIGNATURE _____

18. DATE _____

19. BY _____

20. TITLE _____

21. ORGANIZATION _____

22. TELEPHONE _____

23. TELETYPE _____

24. FAX _____

25. EMAIL _____

26. OTHER _____

27. REMARKS _____

28. INITIALS _____

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31. BY _____

32. TITLE _____

33. ORGANIZATION _____

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618. DATE _____

619. BY _____

620. TITLE _____

621. ORGANIZATION _____

622. TELEPHONE _____

623. TELETYPE _____

624. FAX _____

625. EMAIL _____

626. OTHER _____

627. REMARKS _____

628. INITIALS _____

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630. DATE _____

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690. DATE _____

691

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 Jackson
Township Paris
City Paris

Registration District No. 399

File No. _____

Primary Registration District No. 1002

Registered No. 2442

St. _____ Ward _____

2. FULL NAME

Carl 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

I last saw h. _____ alive on _____, 19____. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1878

to have occurred on the _____ m. above, at _____ m.

7. AGE YEARS 55 MONTHS 8 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Date of onset _____

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 _____

Other contributory causes of importance: _____

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

Name of operation _____ Date of _____

13. NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME _____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) _____

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 6/2 34 M. M. Brown Registrar.

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

IF COMPLETED AS PRESCRIBED BY LAW, INDICATES UN

520287