

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

Do not use this space.

26930

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. Central Post Office) St. Ward
 Registered No. 7163

2. FULL NAME Harry Clark

(a) Residence, No. 321 S Broadway St., 25 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 18

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. Odd jobs

10. Date deceased last worked at this occupation (month and year) July 1934 11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.

13. NAME Jacob Black

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

15. MAIDEN NAME Francis Bosea

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

17. INFORMANT (ADDRESS) Mrs. Leonard Floyd
444 George St. East Alton, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton City Cemetery DATE July 21, 1934

19. UNDERTAKER (ADDRESS) Robert H. Strode
2521 Edwards St. Alton, Ill.

20. FILED 21 1934 Joe J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician attended
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/18/1934

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 1:25 P.M.

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

Essential heart Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

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) Harold C. Clark

(Address) St. Louis

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. AUG 16 1934

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1934

