

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

NOV 22 1934

1. PLACE OF DEATH

34 County Douglas
 Township Rehman
 City Lawrence (No.)

Registration District No. 972Primary Registration District No. 5-2File No. 32394Registered No. 31 St. Ward)

2. FULL NAME

(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 38 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 OFCinda Clarke

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

Jan. 12 1866

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.Lawyer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Saline Co., Ill.

FATHER

13. NAME

A. J. Clarke14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Iowa

MOTHER

15. MAIDEN NAME

Nancy Harrel16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Iowa17. INFORMANT
(ADDRESS)Lawrence H. Clarke

18. BURIAL, CREMATION, OR REMOVAL

PLACE LawrenceBurialDATE Oct. 1619. UNDERTAKER
(ADDRESS)C. V. Clarkin

20. FILED

11-81934Henry Burke
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15- 193422. I HEREBY CERTIFY, That I attended deceased from
Oct 10, 1934, to Oct 15, 1934.I last saw him alive on Oct 15, 1934. Death is saidto have occurred on the date stated above, at 4 P.m.

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

Cerebral embolismDate of onset
Oct 13/34

Other contributory causes of importance:

Arterio SclerosisHeart

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

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) Wm. H. H. H., M. D.

(Address)

Lawrence

1. The first part of the report is a summary of the work done during the year.

2. The second part is a detailed account of the work done during the year.

3. The third part is a summary of the work done during the year.

4. The fourth part is a summary of the work done during the year.

5. The fifth part is a summary of the work done during the year.

6. The sixth part is a summary of the work done during the year.

7. The seventh part is a summary of the work done during the year.

8. The eighth part is a summary of the work done during the year.

9. The ninth part is a summary of the work done during the year.

10. The tenth part is a summary of the work done during the year.

11. The eleventh part is a summary of the work done during the year.

12. The twelfth part is a summary of the work done during the year.

13. The thirteenth part is a summary of the work done during the year.

14. The fourteenth part is a summary of the work done during the year.

15. The fifteenth part is a summary of the work done during the year.

16. The sixteenth part is a summary of the work done during the year.

17. The seventeenth part is a summary of the work done during the year.

18. The eighteenth part is a summary of the work done during the year.

19. The nineteenth part is a summary of the work done during the year.

20. The twentieth part is a summary of the work done during the year.

21. The twenty-first part is a summary of the work done during the year.

22. The twenty-second part is a summary of the work done during the year.

23. The twenty-third part is a summary of the work done during the year.

24. The twenty-fourth part is a summary of the work done during the year.

25. The twenty-fifth part is a summary of the work done during the year.

26. The twenty-sixth part is a summary of the work done during the year.

27. The twenty-seventh part is a summary of the work done during the year.

28. The twenty-eighth part is a summary of the work done during the year.

29. The twenty-ninth part is a summary of the work done during the year.

30. The thirtieth part is a summary of the work done during the year.

31. The thirty-first part is a summary of the work done during the year.

32. The thirty-second part is a summary of the work done during the year.

33. The thirty-third part is a summary of the work done during the year.

34. The thirty-fourth part is a summary of the work done during the year.

35. The thirty-fifth part is a summary of the work done during the year.

36. The thirty-sixth part is a summary of the work done during the year.

37. The thirty-seventh part is a summary of the work done during the year.

38. The thirty-eighth part is a summary of the work done during the year.

39. The thirty-ninth part is a summary of the work done during the year.

40. The fortieth part is a summary of the work done during the year.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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 Douglas

Township

City

Registration District No. 272

Primary Registration District No. 5379

File No.

Registered No. 31

St. Ward)

2. FULL NAME

(a) Residence, No. Jamesa Tanner Clarke (?) 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) u

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.
68 8 3

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 11-8-1934 Henry Baerke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw h. alive on

Death is said

to have occurred on the date stated above, at

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

Cerebral Embolism Date of onset

Other contributory causes of importance

chronic Chronic

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

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) Norman, M. D.

(Address)

h5c2c-5