

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.

MAY 20 1935

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

Do not use this space.

11814

1. PLACE OF DEATH

County Andrew Registration District No. 88
 Township Linn Primary Registration District No. 40.0.0.5-
 City Amazonia (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Charles Francis Clark

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 1 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

3. SEX <u>m.</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clela Clark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 4, 1879</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>8</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>35</u>
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) <u>April 3, 1935</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Exeter, Nebraska

13. NAME
John Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Belleville, Canada

15. MAIDEN NAME
Caroline Smith

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

17. INFORMANT (ADDRESS)
J. W. Holcomb, Amazonia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Savannah, Mo DATE
April 7, 1935

19. UNDERTAKER (ADDRESS)
E. C. Breit, Savannah, Mo

20. FILED Apr 8 1935 J. W. Holcomb Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1935, to Apr. 6, 1935.
 I last saw him alive on Apr. 6, 1935. Death is said to have occurred on the date stated above, at 2 A.M.
 The principal cause of death and related causes of importance were as follows:

Ascending Paralysis
white
 Date of onset Apr 3

Other contributory causes of importance:
310

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? no
 If so, specify _____
 (Signed) J. S. Pover, M. D.
 (Address) Amazonia, Mo.

