

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.

AUG 22 1935

24182

1. PLACE OF DEATH

County St. Charles. Registration District No. 760
 Township Linn. Primary Registration District No. 5999
 City St. Paul. (No.) St. Ward)

File No. 2
 Registered No. 46

2. FULL NAME

Edward Van Cicle Clark

(a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the year) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lollie Clark (1893)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 26-1893</u>		
7. AGE	YEARS	MONTHS
	<u>51</u>	<u>9</u>
		DAYS
		<u>2</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Power labor</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)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moscow, N. Y.</u>	
	13. NAME <u>Chas Clark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>East Liverpool, Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Rosa</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Right City</u>	
17. INFORMANT (ADDRESS) <u>Chas Clark, May No</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Charles</u> DATE <u>8-1</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>W. P. ...</u>		
20. FILED <u>7/29</u> 19 <u>35</u> <u>W. P. Caldwell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Hired inquest July 29 1935
 Death is said

to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:

Gun shot wound of chest feloniously inflicted by Harry Clark on July 28 1935 at the place where the body was found near St Paul. No
 Other contributory causes of importance: none

Name of operation none Date of ...
 What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? homicide Date of injury July 28, 1935
 Where did injury occur? Near St Paul no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
near home
 Manner of injury By firearms
 Nature of injury Est. of chest

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify none
 (Signed) W. L. Freeman, M. D.
 (Address) St. Charles no

Coroner of St. Charles Co No

