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.

26441

File No. 8488

Registered No.

SEP 25 35

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township ~~Kaw~~ — Primary Registration District No. 1002

City Kansas City (No. 2840 Benton Boulevard St. Ward)

2. FULL NAME Anthony Lamb Clark

(a) Residence, No. 2840 Benton Blvd. 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 29, 1868

7. AGE: Years 66 — Months 7 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Purchasing agent for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: John Deer Plow Co.

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): Lancaster Ohio

FATHER

13. NAME: No information

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information No information

MOTHER

15. MAIDEN NAME: No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information No information

17. INFORMANT (ADDRESS): Mrs. H. L. Clark 2840 Benton Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE: Elmwood Cemetery DATE: Aug 13, 1935

19. UNDERTAKER (ADDRESS): Street & McGuire 3233 Gillham Road

20. FILED: Aug 12, 1935 M. M. Kerrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 13, 1935, 19

22. I HEREBY CERTIFY that I attended deceased from ....., 19.... I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above at ....m.

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

	Date of onset
Coronary thrombosis	
Chronic myocardial degeneration	

Other contributory causes of importance:

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?

If so, specify

(Signed) ....., M. D.

(Address)