OCT 3 0 1935

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

Do not use this space.

31570

1. PLACE OF DEATH
County Scott — Registration District No. 821 — File No.
Township Richland — Primary Registration District No. 6070 — Registered No.
City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Thomas Clark.

(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 10 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~~ Annie Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1893

7. AGE — YEARS 42 — MONTHS 2 — DAYS 20 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
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. W. P. A.
10. Date deceased last worked at this occupation (month and year) Sept. 27-1935
11. Total time (years) spent in this occupation 2 weeks

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dale, Illinois

FATHER
13. NAME Thomas Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Jane (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Annie Clark Sikeston Mo.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE Idalia Mo. DATE Sept 30, 1935

19. UNDERTAKER (ADDRESS) H J Welsh Sikeston Mo.

20. FILED Oct 1, 1935 G W H Presnell Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ..... P., 19..... Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skull fracture & Broken neck caused by being struck by auto on highway #60 while walking on highway | |
| Other contributory causes of importance: | |
| | 200 |

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? Accident Date of injury Sept 28, 1935
Where did injury occur? Scott County, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
U.S. Highway #60-1/2 mi West Sikeston
Manner of injury Struck by auto.
Nature of injury Broken neck, Skull fracture

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H J Welsh Scott Co. Coroner, ~~M.D.~~
(Address) Sikeston Mo

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.