

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.

NOV 6 1935

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

Do not use this space.

32120

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township Carrollton Primary Registration District No. 3010
City Carrollton (No.) St. Ward (....)

File No.
Registered No. 117

2. FULL NAME Linus S. 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 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie Wanda Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 8 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Knobsville, Iowa

FATHER
13. NAME Joseph Clark

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

MOTHER
15. MAIDEN NAME Ellen Coons

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

17. INFORMANT Mrs Len Adams
(ADDRESS) Carrollton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Oct 23, 1935

19. UNDERTAKER Stanley
(ADDRESS) Carrollton, Mo

20. FILED 10-23, 1935 Jude Haskin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-1-35, 19....., to 10-22-35, 19.....
I last saw h. en on 10-21, 1935 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Carcinoma of Esophagus Date of onset

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) H. B. Deavers, M. D.

(Address) Carrollton, Mo

THE UNIVERSITY OF CHICAGO
 LIBRARY
 540 EAST 57TH STREET
 CHICAGO, ILLINOIS 60637
 TEL: 773-936-3000
 FAX: 773-936-3000
 WWW: WWW.CHICAGO.LIBRARY.EDU

THE UNIVERSITY OF CHICAGO
 LIBRARY
 540 EAST 57TH STREET
 CHICAGO, ILLINOIS 60637
 TEL: 773-936-3000
 FAX: 773-936-3000
 WWW: WWW.CHICAGO.LIBRARY.EDU