

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 20 1936

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

Do not use this space.

2580

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1. PLACE OF DEATH

County Ralls Co Mo

Registration District No. 727

File No. 2

Township Casper

Primary Registration District No. 5-960A

Registered No. _____

City Paris Mo (No. _____)

_____ (No. 5-960B)

St. _____ Ward _____

2. FULL NAME David W. 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 67 yrs. - mos. 17 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, WHO WED OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-9-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 - 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insulia

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1-9-30 11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co Mo

13. NAME Jno. S. Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co Mo

15. MAIDEN NAME Marquette Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo

17. INFORMANT (ADDRESS) Joseph Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Burn chapel DATE Jan 27 1936

19. UNDERTAKER (ADDRESS) Clark and Wagon
Wardalia Ave

20. FILED Jan 30 1936 Proctor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 25, 1936 to Jan 26, 1936

I last saw him alive on Jan. 25, 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Cerebral Hemorrhage Date of onset Jan 25 1936

Other contributory causes of importance arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic Was there an autopsy? no

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) Julius Brown, M. D.
(Address) Paris Mo

