FEB 24 1936

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

Do not use this space.

4077

1. PLACE OF DEATH
County St Louis
Township Central
City Richmond Heights (No. St. Marys Hospital St. Ward)

Registration District No. 1170
Primary Registration District No. 6248 H

File No.
Registered No. 17

2. FULL NAME Prentice Ellsworth Clark
(a) Residence, No. 333 Dickson St. St., Ward. Kirkwood
(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: Mary Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19th, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	9	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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): Ohio

FATHER
13. NAME: Henry Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Martha Cooksdy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Dr. W. F. O'Malley 333 Dickson St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marietta, Ohio DATE Jan. 22nd, 1936

19. UNDERTAKER (ADDRESS): Drehmann Hanal 1905 Union Blvd.

20. FILED Jan 21, 1936 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 20th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1936, to Jan. 20, 1936
I last saw him alive on Jan 20, 1936 Death is said to have occurred on the date stated above, at 9:10 A.m.
The principal cause of death and related causes of importance were as follows:

Cardiac dilatation — Date of onset [illegible]

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Other contributory causes of importance:
Chronic myocarditis — [illegible]
Senile prostatic hypertrophy

Name of operation — Date of
What test confirmed diagnosis? Clinical 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) [illegible] M. D.
(Address) 1006 Paul Brown Bldg.

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.

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