

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.

APR 17 1936

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

Do not use this space.

10019

1. PLACE OF DEATH

County Dunklin Registration District No. 282
 Township Union Primary Registration District No. 5401
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 17

2. FULL NAME Clarence E. Hallmark

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl Hallmark</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 27 1915</u>		
7. AGE YEARS <u>22</u>	MONTHS <u>11</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>✓</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1936

22. I HEREBY CERTIFY, That I attended deceased from March 27 1936 to March 30 1936

I last saw h. March 30 1936 alive on _____, 1936. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Gastric hemorrhage from duodenal ulcer

117 lbs 2

Other contributory causes of importance
History of being haemophilic

Date of onset
3-27-36
-?

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

FATHER

13. NAME J.M. Hallmark

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

MOTHER

15. MAIDEN NAME Essena Pittman

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

17. INFORMANT Ruby Hallmark
 (ADDRESS) Madden Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellevue DATE Apr 1 1936

19. UNDERTAKER Landers Funeral Home
 (ADDRESS) Campbell Mo.

20. FILED 3/30 1936 E. W. Landers
 Registrar.

Name of operation no Date of _____

What test confirmed diagnosis? Chemical 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) Homer Beall, M. D.
 (Address) Madden Mo

230

~~James of ...~~

~~John ...~~