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 23 1936

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

399

Do not use this space.

10895

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No. [illegible]

Township Kaw — Primary Registration District No. — Registered No. 1571

City Kansas City (No. 1015 Askew St. Ward)

2. FULL NAME Charles Edward Clarke

(a) Residence, No. 1015 Askew St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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: WH

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maggie H Clarke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 1 - 1849

7. AGE: YEARS 86 — MONTHS 4 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Danville Ky

FATHER

13. NAME: Edward Clarke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER

15. MAIDEN NAME: Mrs Jane T Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Joseph L Clarke 1015 Askew

18. BURIAL, CREMATION, OR REMOVAL PLACE: Belton Mo DATE: Mch-24 1936

19. UNDERTAKER (ADDRESS): W.W. Newcomers Sons Kansas City Mo.

20. FILED: 3-23 1936 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch - 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Mar. 22, 1936

I last saw him alive on Mar. 22, 1936. Death is said to have occurred on the date stated above, at 8:55 p.m.

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

	Date of onset
Chr. Myocarditis	3 yrs
93c	
Other contributory causes of importance:	
Hypostatic pneumonia	1 da

Name of operation: None — 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) James Henson, M. D.

(Address) 907 Rialto Bldg.

528 E-56+W