

JUN 27 1936

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

Do not use this space.

18387

1. PLACE OF DEATH

County Webster
Township Niangua
City Niangua (No.)

Registration District No. 900
Primary Registration District No. 1207

File No.
Registered No.
St. Ward)

2. FULL NAME Paul Eugene Clark

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. ds. (If nonresident, give city or town and State)
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 Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 11 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Ira Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co

MOTHER 15. MAIDEN NAME Bertha Delco

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co

17. INFORMANT Ira Clark (ADDRESS) Niangua Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Niangua Mo. DATE April 10 1936

19. UNDERTAKER Re. Rex Rainey (ADDRESS) Marshallfield Mo.

20. FILED May 9 1936 L. A. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8 to April 9 1936
I last saw him alive on April 9 1936 Death is said to have occurred on the date stated above, at 9:35 PM
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Date of onset
Other contributory causes of importance: 69

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 W.F. Parrish M. D.
(Signed) W.F. Parrish (Address) Niangua Mo

Every year or more 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.

