

MAY 29 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 1/2 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

Male

White

Single

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

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

July 30 1908

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

28

8

15

OCCUPATION

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

Laborer

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

on road

10. Date deceased last worked at this occupation (month and year)

April 1936

11. Total time (years) spent in this occupation 6 mos.

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

Wright Co, Mo.

FATHER

13. NAME

John B. Clark

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

Rayburn Mo.

MOTHER

15. MAIDEN NAME

Minnie Shelley

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

Haleyville Mo.

17. INFORMANT (ADDRESS)

Roy Clark  
Rayburn Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Green Mt. Mo.

DATE

April 15 1936

19. UNDERTAKER (ADDRESS)

J. H. & Silas Jackson  
Rayburn Mo.

20. FILED

April 19 1936 Paul M. Ellis  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

April 15 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11 1936 to April 15 1936

I last saw him alive on April 13 1936 Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Pneumonia, Labor acute

Date of onset

4-5-36

Other contributory causes of importance:

108

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

(Signed)

(Address)

J. W. Bridges  
Menes, Mo.

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.

