

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

Do not use this space.

23086
3019

JUL 24 1936
1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 4228 Windsor)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Albert Ellsworth Clark

(a) Residence, No. 4228 Windsor 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 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 C Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-25-1850

7. AGE YEARS 75 MONTHS 6 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired RR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Trisco
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation... 39 yrs

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

MOTHER 13. NAME George W Clark

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

15. MAIDEN NAME Eliza Keeman

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

17. INFORMANT (ADDRESS) Mrs Mary C Clark 4228 Windsor

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE June 29 1936

19. UNDERTAKER (ADDRESS) Hornew Comers Sons Kansas City Mo

20. FILED 6-27 1936 numera Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1936

22. I HEREBY CERTIFY that I attended deceased from June 24 1936 to June 26 1936
I last saw him alive on June 26 1936 Death is said

to have occurred on the date stated above, at 9:01 a.m.
The principal cause of death and related causes of importance were as follows:

Uremia
Cardio-Vascular
Renal Disease

Date of onset 6/24/36
Mar 1934

Other contributory causes of importance:
Wristed
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Howard Channing M. D.
(Address) 607 Argyle 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.

602 Argyle Bldg. 2³⁰ pm to 5 pm