

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

Do not use this space.

23242

JUL 22 1936

**1. PLACE OF DEATH**

County Jasper Registration District No. 408 File No. \_\_\_\_\_  
 Township Jasper Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
 City Barthage (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Nathan Clark  
 (a) Residence, No. 605 E. Budding St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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.

**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 Amice Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 11 18

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.  
 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) Iowa

MOTHER FATHER 13. NAME Peter Clark

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Eva Bellaro  
 (ADDRESS) Barthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belfast Cemetery DATE June 24 1936

19. UNDERTAKER Knell Mortuary  
 (ADDRESS) Barthage, Mo.

20. FILED June 23, 1936 D. B. Colinton  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from June 13, 1936 to June 23, 1936  
 I last saw him live on June 23, 1936 Death is said to have occurred on the date stated above, at 9:20 P.M. m.  
 The principal cause of death and related causes of importance were as follows:

Coronary Artery  
151  
 Other contributory causes of importance  
chronic heart failure from long standing arterial

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? A

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) W. J. Huggins, M. D.  
 (Address) Barthage, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

1962-1963

RESEARCH ASSISTANT

1962

Dr. [Name] is seeking a research assistant for the study of [Topic]. The candidate should have a B.S. in Chemistry and be interested in [Field].

Applicants should send their resumes and transcripts to the Department of Chemistry, University of Chicago, Chicago, Illinois. Interviews will be held on [Date].

For more information, contact [Name], [Address].

Additional details regarding the position and the research project are available upon request.