JUL 23 1936

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

Do not use this space.

23464

1. PLACE OF DEATH

County Linn — Registration District No. 496 — File No.

Township Bfld — Primary Registration District No. 13025 — Registered No. 67

City Brookfield (No. 348, E. Dake St. 1 Ward)

2. FULL NAME Charlie Loran Clark

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 - 1881

7. AGE — YEARS 54 — MONTHS 10 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Constructon Work
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) Utica Missouri

FATHER

13. NAME A. B. Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co N. Y.

MOTHER

15. MAIDEN NAME Julia Ann Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsdale Mich

17. INFORMANT (ADDRESS) Mrs Florence Clark Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE 6/30 1936

19. UNDERTAKER (ADDRESS) C. W. Hill Brookfield Mo

20. FILED July 10 1936 Jrshucas M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1936

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1936, to June 28, 1936

I last saw him alive on June 28, 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

	Date of onset
Bronchopneumonia	3/27
following Influenza	3/21
Empyema	3/28

Other contributory causes of importance:

Name of operation Rib Resection Date of 6/4

What test confirmed diagnosis? Usual Method 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) Roy R. Haley, M. D.

(Address) Brookfield Mo.