

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.

AUG 24 1936

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

Do not use this space.

26489

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. Milwaukee Ry. Rards)

File No. _____
Registered No. 3456
St. _____ Ward) _____

2. FULL NAME Donald Charles Clark

(a) Residence, No. 106 So. Bellair St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 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 Edna Connor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/13/1902

7. AGE YEARS 34 MONTHS 5 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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. Milwaukee, Ry.
10. Date deceased last worked at this occupation (month and year) 7/4/36 11. Total time (years) spent in this occupation _____

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

MOTHER 13. NAME Deloss Clark

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

15. MAIDEN NAME Josie Tabet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diason, Iowa.

17. INFORMANT Mrs. Donald Clark (ADDRESS) 106 So Bellair

18. BURIAL, CREMATION, OR REMOVAL PLACE Elm wood DATE 7/7/36 19.

19. UNDERTAKER Sheil Funeral Home (ADDRESS) 6606 Indep. Ave.

20. FILED July 6, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/4/36

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
I last saw him _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: Death is said to have occurred on the date stated above, at _____ m.

Railroad traumatism
Amputation of head

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external cause, viz., accident, or homicide, or suicide, or other cause, state the nature of the injury, and where it occurred. (Specify city of town, county, and State)
Milwaukee, Ry. Industries
Specify whether injury occurred in industry, in home, or in public place. Railroad

Manner of injury Ran over by train
Nature of injury _____

24. Was disease or condition related to occupation of deceased? If so, specify _____

(Signed) _____, M. D.
(Address) _____

