

DEC 30 1936

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

Do not use this space.

43627

1. PLACE OF DEATH

County *Worth*
Township *Union*
City (No. _____) _____ St. _____ Ward _____

Registration District No. *904*
Primary Registration District No. *6215-*

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *42* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 23 1936*

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 27-1894*

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *3 P.* m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 0 26

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

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

accidental death
mashed and smothered
breath first.

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 _____

Other contributory causes of importance: *189*
Hunting by self-guided
in open field and the earth
celling gave way.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Worth Co. Mo.*

13. NAME *Ed Clark*

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madaway Co. Mo.*

What test confirmed diagnosis? _____ Was there an autopsy?

15. MAIDEN NAME *Katie Taylor*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *accident* Date of injury *Nov. 23, 1936*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hamilton Co. Mo.*

Where did injury occur? *Athelston, Iowa* (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) *Ed Clark*

Specify whether injury occurred in industry, in home, or in public place. *near home*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Athelston, Iowa* *11/25 1936*

Manner of injury *trampled and smothered*

19. UNDERTAKER (ADDRESS) *Long & Sons*

Nature of injury _____

20. FILED *Nov. 25, 1936* *Mrs. O. H. Bond* Registrar.

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *Arch C. Dingle*

(Address) *Went City, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 1 4 1950