

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

Do not use this space.

45255

JAN 20 1937

1. PLACE OF DEATH

County Jefferson Registration District No. 423 File No. _____
 Township Black Primary Registration District No. 5578 Registered No. 48
 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME George Adam Clark

(a) Residence, No. Barnhart Ave 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 7 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 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) Stoughton, Penna.

13. NAME 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 (ADDRESS) A. Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE Dec 8th 1936

19. UNDERTAKER (ADDRESS) Reidinger Funeral Home, 1235 S. Harrison Ave

20. FILED DEC 7 1936 Phil G. Hink Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to Dec 5, 1936

I last saw him alive on Dec 5, 1936. 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:

General carcinoma (Primary Stomach) Date of onset _____

Other contributory causes of importance: Demility

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

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) O. Reich, M. D.
 (Address) Hammersmith Mo.

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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