342

JAN 10 1937

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

Do not use this space.

46728

File No. 12523
Registered No.

1. PLACE OF DEATH

County
Registration District No. 791
Township
Primary Registration District No. 1003
City Saint Louis (No. 3925 Finney Avenue St. Ward)

2. FULL NAME George Clark

(a) Residence, No. 3925 Finney Avenue, St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Negro	Widower

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR WIFE OF)~~ Maggie Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12th, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	6	

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) Dec. 1936

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Tennessee

FATHER

13. NAME Lewis Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Tennessee

MOTHER

15. MAIDEN NAME Mattie Palmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Tennessee

17. INFORMANT Frank Clark
(ADDRESS) 3925 Finney Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Dec. 22, 1936

19. UNDERTAKER Charles J. Bates
(ADDRESS) 4107 Finney Avenue

20. FILED DEC 22 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1936, to Dec. 18, 1936

I last saw him alive on Dec. 18th, 1936. Death is said to have occurred on the date stated above, at 10:40 P. M.

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

Nephritis chronic Parenchymatous — Date of onset

Other contributory causes of importance:
Heart Hypertrophy
Bronchitis

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify

(Signed) N. Gibson Inness M.D.
(Address) 3908 Finney Ave.

MARGIN RESERVED FOR BINDING

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.

V.S. NO. 2
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