

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.

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

Do not use this space.

JAN 23 1937

49522

1. PLACE OF DEATH
 County Putnam Registration District No. 718
 Township Jackson Primary Registration District No. 3989
 City (No. _____) St. _____ Ward _____

2. FULL NAME Carl George Clark
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 1936

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

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

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) Putnam Co Mo

13. NAME Geo W Clark

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

15. MAIDEN NAME Mary E. Clark

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

17. INFORMANT (ADDRESS) Geo W Clark
Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE West Liberty DATE Dec 16 36

19. UNDERTAKER (ADDRESS) Comstock Merc Co
Unionville Mo

20. FILED Dec 16 1936 N. W. Hillman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1936, to Dec 14 1936
 I last saw him alive on Dec 14 1936 at Stillpoint
 to have occurred on the date stated above, at 30 m.
 The principal cause of death and related causes of importance were as follows:
Hydrocephalus
Asymptomatic cerebral calcification
 Date of onset _____

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 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) S. J. M. Donald M. D. 0
 (Address) Unionville, Mo.

