APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No. 13494
Township Clayton — Primary Registration District No. 60339 — Registered No. 123
City Clayton St. Louis Co. Hosp. (No. ..... St. ..... Ward)

2. FULL NAME George Clark
(a) Residence, No. Lix and Lurch St., ... Ward. South Kinloch Mo
(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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/16/1916

7. AGE: 62 — YEARS: 20 — MONTHS: 2 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Ben Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

MOTHER
15. MAIDEN NAME Lula Lunnerviol
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Nanie Clark above ... atwater 1023

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 3-31- 1937

19. UNDERTAKER (ADDRESS) Boyd Bors. Lix & Stanza

20. FILED 3/30 1937 Dr A J Figarelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/19/37, 19..., to 3/27/37, 19...
I last saw him alive on 3/27/37, 19... Death is said to have occurred on the date stated above, at 12 p m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (whole right lung affected) — Date of onset

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Other contributory causes of importance: Circulatory failure

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? yes

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) Wm O. Moore, M. D.
(Address) St. Louis Co. Hosp.

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.

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