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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. 1205 E. 18 St. Ward)

File No.: 15395

Registered No.: [illegible]

2. FULL NAME: Arthur Clark

(a) Residence, No. 1205 E. 18 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: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Don't know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Don't know

7. AGE: Years: About 65 — Months — Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Don't know

FATHER

13. NAME: Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER

15. MAIDEN NAME: Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT: None
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge, DATE: 4-25-37

19. UNDERTAKER: [illegible]
(ADDRESS)

20. FILED: Apr. 25, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
Tuberculosis	
34	

Other contributory causes of importance:

Name of operation: ..... Date of: .....

What test confirmed diagnosis: Autopsy 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) [illegible], M. D.

(Address) [illegible]

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.