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.

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH

112 County Webster — Registration District No. 896 — File No. 17887

2 Township — Primary Registration District No. 4542 — Registered No. 19

6 City Marshfield (No. , St. Ward)

2. FULL NAME Roy Junior Clark

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

Length of residence in city or town where death occurred life 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1937

7. AGE: YEARS no — MONTHS no — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION

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. XX
10. Date deceased last worked at this occupation (month and year) XX
11. Total time (years) spent in this occupation XX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County, Mo.

FATHER

13. NAME (Odest) Otis Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County, Mo

MOTHER

15. MAIDEN NAME Jewel Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County, Mo.

17. INFORMANT (ADDRESS) Otis Clark, Marshfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshfield DATE Mar. 17, 1937

19. UNDERTAKER (ADDRESS) Rex Rainey, Marshfield, Mo.

20. FILED April 15, 1937 Elizabeth Hoffman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1937, to Mar 16, 1937
I last saw him alive on Mar 16, 1937 Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

Aphtic insufficiency

Date of onset

Other contributory causes of importance:

15 C

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) W F Schlicht, M. D.
(Address) Niangua Mo