

JUL 25 1937

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

Do not use this space.

23993

1. PLACE OF DEATH

County Jasper
Township Galena
City Joplin

Registration District No. 411
Primary Registration District No. 2002
(No. 915 1/2 Main)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Andrew E. Clark
(a) Residence, No. 714 E Main St., _____ Ward.

(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) Widowed
6. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 - 1857
AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 7 27

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. Printer
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) Unknown

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs Walter Whipple 1015 Jackson Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE 6-19-37

19. UNDERTAKER (ADDRESS) Frank Siewers Mortuary Joplin Mo

20. FILED 6/18/37 Ed Spry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 - 1935, to June 18 - 1937
I last saw him June 18 - 1937. Death is said to have occurred on the date stated above, at 7:30 a.m. 6/18/37
The principal cause of death and related causes of importance were as follows:

Chronic Valvular heart disease
acute indigestion
Date of onset _____
Other contributory causes of importance: acute indigestion

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. none
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. J. Winchester, M. D.
(Address) Joplin Mo.

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.

