

AUG 23 1937

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

Do not use this space.

27153

## 1. PLACE OF DEATH

 County Franklin  
 Township Potosi  
 City Pacific (No. \_\_\_\_\_)

 Registration District No. 293  
 Primary Registration District No. 4177

 File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

## 2. FULL NAME

 (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 8 yrs.  mos.  ds. How long in U. S., if of foreign birth?  yrs.  mos.  ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stella Clark</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23, 1872</u>			
7. AGE	YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>20</u>
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
	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) <u>Nov. 1934</u>		
			11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
FATHER	13. NAME <u>William Clark</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>		
	15. MAIDEN NAME <u>Not Known</u>		
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>		
	17. INFORMANT (ADDRESS) <u>Pacific Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pacific Mo</u> DATE <u>July 14, 1937</u>			
19. UNDERTAKER (ADDRESS) <u>W. H. St. Louis</u>			
20. FILED <u>8-8</u> 19 <u>37</u> <u>W. H. St. Louis</u> Registrar. <u>By local</u>			

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 13, 1937</u>	Date of onset
22. I HEREBY CERTIFY, That attended deceased from <u>June 20, 1937</u> to <u>July 13, 1937</u> , 19 <u>37</u> . I last saw him alive on <u>July 12, 1937</u> . Death is said to have occurred on the date stated above, at <u>12:05 AM</u> . The principal cause of death and related causes of importance were as follows: <u>Cancer of Prostate Gland</u>	
Other contributory causes of importance: <u>51</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? <u>Clinical</u> 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? _____ _____ (Signed) <u>W. H. St. Louis</u> , M. D. (Address) <u>Pacific Mo</u>	

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.

