NOV 15 1937

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

Do not use this space.

File No. 36997

Registered No. 158

1. PLACE OF DEATH
County Audrain.
Township Saltpeter
City Mexico Mo. (No. Audrain Hospital. St. Ward)

Registration District No. 26
Primary Registration District No. 3002

2. FULL NAME Kenneth Wayne Clark.
(a) Residence, No. 1114-Harwood. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Child

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	3	6	

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.
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) Mexico Mo.

FATHER
13. NAME James Clark.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co. Mo.

MOTHER
15. MAIDEN NAME Margret Cary.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co. Mo.

17. INFORMANT (ADDRESS) James Clark. Mexico. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico. Elmwood Cem DATE 10-11 - 1937

19. UNDERTAKER (ADDRESS) H A Precht & Son. Mexico. Mo.

20. FILED Oct. 11- 1937 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9- 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1937 to Oct 9 1937
I last saw h. alive on about Oct 9, 1937. Death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

Malnutrition — Date of onset

13C

Other contributory causes of importance:
Dysentery.

Name of operation 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? 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) Mexico 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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