

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.

DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH  
County JACKSON. Registration District No. 399  
Township Kaw. Primary Registration District No. 1002  
City KANSAS CITY MO. (No. ST. JOSEPH HOSPITAL. St. Ward)

40358  
File No. 5793  
Registered No.

2. FULL NAME FRANK CLARK.  
(a) Residence, No. RICHMOND MO. St. Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22

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

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) Richmond Mo

13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT George Clark. (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE RICHMOND MO. DATE 11-22-37

19. UNDERTAKER Joiner Funeral Home. (ADDRESS) Richmond Mo.

20. FILED Nov 21 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21-37

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him <sup>39</sup> Deputy Coroner, 19. Death is said to have occurred on the date stated above, at 2.30 A.M.

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

Gun Shot wound of Head  
Trauma of Skull & Face  
1915

Other contributory causes of importance:

Name of operation Pathology Date of operation  
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. Do not know. Date of injury

Where did injury occur? Richmond Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun Shot Nature of injury Head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Russell W. Berry, M. D.

(Address) Kansas City

est: