

DEC 28 1937

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

Do not use this space.

42563

## 1. PLACE OF DEATH

County Saline  
Township Marshall  
City Marshall (No. ...., ..... St. .... Ward)

Registration District No. 796  
Primary Registration District No. 3038

File No. ....  
Registered No. 193

2. FULL NAME Donald Lee Clark

(a) Residence, No. 534 N. Ellsworth St. 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 Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
- - - 2

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. "

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

12. BIRTHPLACE (CITY OR TOWN) Marshall,  
(STATE OR COUNTRY) Missouri.

13. NAME Walter Bynum Clark

14. BIRTHPLACE (CITY OR TOWN) Dodge City,  
(STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Bonnie Fielden

16. BIRTHPLACE (CITY OR TOWN) Washburn,  
(STATE OR COUNTRY) Missouri.

17. INFORMANT W.B. Clark  
(ADDRESS) Marshall, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Nov. 24, 1937

19. UNDERTAKER J. L. Sweeney  
(ADDRESS) Marshall, MO.

20. FILED 11-24-37 Mary Kent  
Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1937, to Nov 24, 1937

I last saw him alive on Nov. 24, 1937 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Atelectasis Date of onset 11/22

Other contributory causes of importance:

Prematurity  
Maternal Nephrotic  
Toxemia

Name of operation none Date of ✓  
What test confirmed diagnosis? Clinical 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) W. J. M. H. M. D.  
(Address) Marshall, 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.

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