

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.

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Carter
Township Carter
City Van Buren (No. _____)

Registration District No. 143
Primary Registration District No. 5205

File No. 45003
Registered No. _____
St. _____ Ward _____

2. FULL NAME William Clark

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 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 <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1, 1858</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>1</u>	DAYS <u>29</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>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>
	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) <u>Ohio</u>	<u>2</u>
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13. NAME <u>Alias Clark</u>	<u>2</u>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	<u>2</u>
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15. MAIDEN NAME <u>Susan Collier</u>	
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
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17. INFORMANT <u>John Clark</u> - Brother (ADDRESS) <u>Van Buren, Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clear Springs</u> DATE <u>Dec. 30</u> 19 <u>37</u>
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19. UNDERTAKER <u>Crow Funeral Service</u> (ADDRESS) <u>Van Buren, Missouri</u>

20. FILED <u>Jan. 3</u> 19 <u>38</u> <u>M. B. Burton</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1936, to Dec. 29 1937
I last saw him alive on Dec. 27 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Perforating Ulcer of Stomach Date of onset 12-1-37

Other contributory causes of importance:
Serubity

Name of operation _____ 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? No
If so, specify _____

(Signed) Wm. H. Burton M. D.
(Address) Van Buren, Mo

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4-4-00

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