

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Cole Registration District No. 212
 Township Clark Primary Registration District No. 5292
 City (No.) St. Ward

2. FULL NAME Clark Templeton
 (a) Residence, No. Russellville, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26th, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>1</u>	<u>2</u>	

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

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) Russellville,
 (STATE OR COUNTRY) Missouri, 1

FATHER

13. NAME Jeff Templeton

14. BIRTHPLACE (CITY OR TOWN) No Record
 (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Mary Jane Shikle

16. BIRTHPLACE (CITY OR TOWN) K.Y.
 (STATE OR COUNTRY)

17. INFORMANT Erbd Templeton
 (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Spring Garden Ch. DATE Mar. Mar. 30th, 1937

19. UNDERTAKER J. W. Stoffens
 (ADDRESS) Russellville, Mo.

20. FILED Jan 7 1937 M. E. P. Glover
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28th, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1937 19, to Mar. 28, 1937 19, in Mar. 15, 1937 19. I last saw him alive on Mar. 15, 1937 19. Death is said to have occurred on the date stated above, at 7 P.M.

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

Chronic Myocarditis

Date of onset Not known

Other contributory causes of importance:

Name of operation _____ Date of _____

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? _____ 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 Walter L. Leslie M. D.
 (Signed) _____
 (Address) Russellville, 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.

26

2



1954

POST OFFICE

NEW YORK

NEW YORK