

REC'D MAR 22 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Jasper  
 Township Mineral  
 City BBC Hospital (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 413  
 Primary Registration District No. 5559e

File No. 7115  
 Registered No. 12

## 2. FULL NAME

(a) Residence, No. 410 1/2 N 94 St St., \_\_\_\_\_ Ward. Kansas City  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ~~2~~ yrs. 4 mos. 28 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
36 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer  
 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) Nevada Nev13. NAME John H. Clark14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Mandy Clark16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Records18. BURIAL, CREMATION, OR REMOVAL PLACE Parcell Cem DATE 7/6 193819. UNDERTAKER (ADDRESS) West Ct. Undertaking Co. West Ct.20. FILED 3-5 1938 Harry G. Weaver Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1937, to Feb 14, 1938  
 I last saw him alive on Feb 13, 1938 Death is said

to have occurred on the date stated above, at 2a m.  
 The principal cause of death and related causes of importance were as follows:

Tuberculosis  
Tubercular Laryngitis  
 Other contributory causes of importance: 23  
Recklinghausen Swell

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Sp. Sp. 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) Jesse B. Daingerman, M. D.  
 (Address) West Ct. Kansas City

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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.

