

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

Do not use this space.

REC'D MAY 17 1938

1. PLACE OF DEATH  
County BUCHANAN Registration District No. 82  
Township WASHINGTON Primary Registration District No. 102  
City ST. JOSEPH, Mo. (No. 1319 BUCHANAN AVE.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 14025  
Registered No. 384

2. FULL NAME ALFRED CLARK  
(a) Residence, No. 1319 BUCHANAN AVE. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 31 yrs. 0 mos. 0 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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER 2, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
73 5 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. PLUMBER  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. UNEMPLOYED  
10. Date deceased last worked at this occupation (month and year) UNK 11. Total time (years) spent in this occupation UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AMAZONIA, MISSOURI

FATHER 13. NAME GEORGE CLARK,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANDREW CO. MO.

MOTHER 15. MAIDEN NAME SARA THURMAN,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANDREW COUNTY, MO.

17. INFORMANT (ADDRESS) MRS. MARY CLARK 1319 BUCHANAN AVE. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEMETERY DATE APRIL 5, 1938.

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Apr 5, 1938 H J Westphal Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 2, 1938. , 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1938 to April 2, 1938

I last saw him alive on April 1, 1938 Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Coronary Sclerosis  
Myocarditis Chronica

Other contributory causes of importance:  
Arterio-sclerosis General

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? No  
If so, specify \_\_\_\_\_  
(Signed) H. J. Westphal, M. D.  
(Address) 301 E. OS Bldg. St. Joseph 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.

