REC'D JUN 14 1938

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

Do not use this space.

17307

1. PLACE OF DEATH
County BUCHANAN — Registration District No. — File No.
Township WASHINGTON — Primary Registration District No. — Registered No. 583
City ST. JOSEPH, MO. (No. 701 NORTH SIXTH ST. St. Ward)

2. FULL NAME ROY CHARLES CLARK
(a) Residence, No. 701 NORTH SIXTH ST. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 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: GRACE CLARK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOVEMBER 10, 1877

7. AGE: YEARS 60 — MONTHS 6 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: CARPENTER,
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): UNK
11. Total time (years) spent in this occupation: UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ATCHISON, KANSAS.

FATHER
13. NAME: A. D. CLARK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN OHIO

MOTHER
15. MAIDEN NAME: MARY UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): MRS. GRACE CLARK, 701 NORTH 6TH ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE OAK HILL CEM. DATE JUNE 2, 1938,
ATCHISON, KANS.

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED June 1, 1938 H J Nettebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAY 31, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to May 31, 1938
I last saw him alive on May 25, 1938 Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemmorrhage of Lung	May 31. 38
Other contributory causes of importance:	
Tuberculosis Lung	1937

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) A H Kelley, M. D.
(Address) 711 Fardon 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.