

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

REC'D JUN 24 1938

19850

1. PLACE OF DEATH

County North Registration District No. 904
 Township Union Primary Registration District No. 215
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Alexander G. Clark

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eldon Clark
Clara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1855
 7. AGE YEARS 82 MONTHS 4 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) Marion Co (STATE OR COUNTRY) Iowa

MOTHER 13. NAME Eldon D. Clark

14. BIRTHPLACE (CITY OR TOWN) don't know (STATE OR COUNTRY) _____

15. MAIDEN NAME Abbe Jane Custer

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) _____

17. INFORMANT Sherman Clark (ADDRESS) Shinden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Laughlin DATE May 9 - 1938

19. UNDERTAKER Long J. Boyd (ADDRESS) Shinden Mo.

20. FILED May 9 - 1938 Mrs O.H. Bond Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 7, 1938
 I last saw him alive on May 5, 1938. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:

Heniplegia with paralysis Date of onset _____
 Other contributory causes of importance: High Blood pressure

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Egbert Crowson, M. D.
Parnell Mo 826 (Address)

722

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County North

Registration District No. 904

Township

Primary Registration District No. 6215

City (No.)

File No. 19850

Registered No.

2. FULL NAME Alexander H. Clark

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 - 19 39

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

22. I HEREBY CERTIFY, That I attended deceased from, to, 19

I last saw him..... alive on....., 19..... Death is said

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

to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If less than day, hrs. or min. 82 4 12

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

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

Arteriosclerosis of coronary artery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Cholera on the brain caused paralysis of the other side of the body and was

10. Date deceased last worked at this occupation (month and year)

caused the heart to stop beating and

11. Total time (years) spent in this occupation

high blood pressure death

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

13. NAME

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT (ADDRESS)

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE DATE 19.....

Manner of injury.....

19. UNDERTAKER (ADDRESS)

Nature of injury.....

20. FILED 19.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify yes

(Signed) Eugene Parnell, M. D.

(Address) Parnell Mo.

Registrar.

SUPPLEMENTARY

REGISTRATION FEE \$1.00 CERTIFICATE OF DEATH \$1.00 THEY ARE COMPLETED AS PRESCRIBED BY LAW.

act statement. OCCUPATION IS VERY IMPORTANT.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RECORDS

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FROM 1892 TO 1950

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