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.

REC'D JUL 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Lewis — Registration District No. 477 — File No. 22299
Township Canton — Primary Registration District No. 5641 — Registered No. 36
City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Thomas A. Clark 462
(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Bertha Kuhn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 8, 1855

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 82 | 5 | 24 | |

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) (STATE OR COUNTRY): Lewis County Missouri 0 1

FATHER
13. NAME: Thomas Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nelson County Kentucky 1

MOTHER
15. MAIDEN NAME: Elizabeth Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nelson County Kentucky

17. INFORMANT (ADDRESS): Mrs Bertha Clark Canton Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Canton, Mo. DATE June 5, 1938

19. UNDERTAKER (ADDRESS): Earl H. Barkley Canton Missouri

20. FILED June 4, 1938 H. W. Harris Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1938, to June 2, 1938
I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 5:30A.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma ~~Carcinoma~~ ? | |
| ascending Colon | Jan |
| | |
| | |
| 46 | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) [signature] 3
(Address) Canton Mo.