

REC'D JUL 14 1938

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

Do not use this space.

23080

1. PLACE OF DEATH

County Shannon
Township Birch
City Birch (No. 822)

Registration District No. 822
Primary Registration District No. 4499

File No. 6
Registered No. 6 Ward

2. FULL NAME

(a) Residence, No. Calvin Carl Clark St. 11 Ward. 11
(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

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ---

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---
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 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birch tree Mo.

FATHER 13. NAME Hollis Luther Clark

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

MOTHER 15. MAIDEN NAME Vernia Garrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birch tree Mo.

17. INFORMANT (ADDRESS) Hollis Luther Clark, Birch tree Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Birch tree Mo. DATE 7-4-38

19. UNDERTAKER (ADDRESS) John Duncan, mtn view mo.

20. FILED 7/12 1938 R. J. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-1938

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

I last saw h. --- alive on ---, 19--- Death is said to have occurred on the date stated above, at 7 A m.

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

unknown
15 min
Other contributory causes of importance: Probably heart malformation

Name of operation Apical Date of ---
What test confirmed diagnosis? --- Is there an autopsy? ---

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? If so, specify ---

(Signed) C. R. Terrell M. D.
(Address) mta, view 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.

