

DEC'D AUG 23 1938

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

24581

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township _____ Primary Registration District No. 3001 Registered No. 130
(c) City Kirksville, Mo. (d) Street No. Grim-Smith Hospital & Clinic St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Preston Clark 462
(a) Residence, No. 604 W. Dodson, Kirksville, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Edna Slater Clark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1877
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 10 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Groceryman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 7/29/38 11. Total time (years) spent in this occupation 35

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

FATHER 13. NAME David Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Mary Ellen Pruden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Hugh B. Clark Ottumwa, Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottumwa DATE Aug 2, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. E. Reilly Kirksville, Mo.

20. FILED Aug 2, 1938 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30 1938, to Aug. 1 1938

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

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

Cerebral hemorrhage
Anuria

Date of case

7/30/38

Other contributory causes of importance:

general arterio-sclerosis 1930

Name of operation XXXX Date of XXX
What test confirmed diagnosis? XX Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No. Date of injury XX, 19XX
Where did injury occur? XXX
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XXX
Nature of injury XXX

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify Ex Smith (Signed) Ex Smith, M. D.
(Address) Kirksville, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.