

REC'D SEP 14 1938

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

29427

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Galea Primary Registration District No. 2007 Registered No. _____
(c) City Joplin (d) Street No. 115 N. Wall 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 Life mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alonzo H. Clark

(a) Residence, No. 115 N. Wall 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 Bertha

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 1 18

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

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

10. Date deceased last worked at this occupation (month and year) July 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oronogo, Missouri

FATHER 13. NAME Monroe Clark

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

MOTHER 15. MAIDEN NAME Elizabeth Newton

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

17. INFORMANT (ADDRESS) O. E. Clark
Joplin, Mo.

18. BURIAL, CREMATION, OR OTHER PLACE Mt. Hope DATE 8-24-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillon
Joplin, Missouri

20. FILED 8-23-39 E. J. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23-39 1939

22. I HEREBY CERTIFY, that I attended deceased from June 22, 1939 to Aug 23, 1939

Last saw him alive on 8-23-39 Death is said to have occurred on the date stated above, at 1:45 AM

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

Chronic Nephritis
Chronic Valvular Heart
1937

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was 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) _____

(Address) Joplin, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 939-1831

Date Filed SEP. 8 1939

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

Don Petrick

Licensed Embalmer No.

4008

P. O. Address

Joplin, Mo.

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.