

001 9 1939

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

31716  
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. #  
 (b) Township 1 Primary Registration District No. 300  
 (c) City Kirksville (d) Street No. 411 N. High Street Registered No. 223  
 (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

46: Robert Reed Clark  
 (a) Residence, No. 411 N. High St. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-6-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 8 8

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

12. BIRTHPLACE (CITY OR TOWN) Pleasant Mount (STATE OR COUNTRY) Penn.

FATHER 13. NAME Robert Clark

14. BIRTHPLACE (CITY OR TOWN) Brooklyn (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Teresa Unknown

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

17. INFORMANT J. L. and J. L. Clark (ADDRESS) Robert Clark & Son, Hdw. Co, Kirksville

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Sept. 16 1939

19. FUNERAL DIRECTOR (NAME) Dee Riley (ADDRESS) Kirksville, Mo

20. FILED Sept 20 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1939, to Sept 14, 1939. I last saw him alive on Sept 14, 1939. Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of prostate (primary) and bladder (secondary)  
51  
 Other contributory causes of importance:  
Chronic nephritis  
 Name of operation None Date of .....  
 What test confirmed diagnosis? Xray, etc. 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? no  
 If so, specify Spencer L. Freeman M. D.  
 (Signed) Spencer L. Freeman (Address) Kirksville, Mo.

Date of onset 1937  
(?)  
1937  
(?)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1684

Date Filed Sept. 30, 1939

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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.**