

SEP 24 1939

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

Do not use this space.

36679

1. PLACE OF DEATH

County Miller
Township Blaze
City _____ (No. _____)

Registration District No. 565
Primary Registration District No. 5761a

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 462 Arthur O Clark St. _____ Ward _____
(Usual place of abode) Union, Mo. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1939

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1881

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:15 A.M.

7. AGE YEARS 58 MONTHS 1 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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

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) year ago 11. Total time (years) spent in this occupation _____

Hypostatic Pneumonia
Supposedly due to Carcinoma of Lung.
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

13. NAME Alex Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo.

15. MAIDEN NAME Margaret Willis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo.

17. INFORMANT Ray Wyrick (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL mt. Zion PLACE Suscumbe RR DATE Sept 8 1939

19. UNDERTAKER Anchor Milling Co. (ADDRESS) Suscumbe

20. FILED 9/7 1939 O. R. Hamman Registrar.

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) M. E. Humphrey, D.O. (Address) Suscumbe, 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.

APR 15 1948

RECEIVED

Miller County Health Dep't.

County File Number 39-120

Date Filed 11-10-39

MAR 7 1958

MAY 7 1951