

REC JAN 18 1943

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

Do not use this space.

6714

53- PLACE OF DEATH
 1. County Lawrence Registration District No. 467 175 File No. 55
 Townshp Aurora Primary Registration District No. 4280 3036 Registered No. 174
 City Aurora (No. 201 West College St St. 1 Ward 1)

2. FULL NAME Samuel M Clark
 (a) Residence, No. 201 West College St St. 1 Ward 1
 (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 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 Mary E Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 19 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 10

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

13. NAME James Clark

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs Mary E Clark (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE 12/31/42

19. UNDERTAKER J. J. King (ADDRESS) Aurora Mo.

20. FILED 12 30 1942 Clarence Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 29 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1942 to Dec 29, 1942
 I last saw h. im alive on Dec 29, 1942 Death is said to have occurred on the date stated above, at 4:35 p.m.
 The principal cause of death and related causes of importance were as follows:
Senility & Lobar Pneumonia Date of onset

Other contributory causes of importance: 108

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) W. S. Herron, M. D.
 (Address) Aurora, 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.

1156

RECEIVED

District Health Officer No. 6,

District File Number 143-33

Date Filed 1-11-43

Statement Of Licenced Embalmer

Signed Herman Hurridge

Licensed Embalmer # 3072

P.O. Address Quincy Mo