

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

Do not use this space.

Walzer
17807

1. PLACE OF DEATH

County..... *Hemp* Registration District No. *347*
Township..... *Clinton* Primary Registration District No. *3018*
City..... *Clinton* (No.) St. Ward)

File No.
Registered No. *83*

2. FULL NAME

William Isaac Clark
(a) Residence. No. *412 E. Mill* St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Clara Mervel Clark*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 3 - 1850*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 24.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. *Railroad*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) *Springfield*
(STATE OR COUNTRY) *Ohio*

10. NAME OF FATHER *Samuel A. Clark*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Don't know.*

12. MAIDEN NAME OF MOTHER *Mary - Don't know.*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Don't know.*

14. INFORMANT *Per Clark*
(Address) *Clinton, Mo.*

FILED *May 27 1929* Dr. E. C. Seeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 27 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 12*, 19*28*, to *May 26th*, 19*29* that I last saw h. *live* on *May 23*, 19*29*, and that death occurred, on the date stated above, at *4:30 A.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asstina (Pneumonia)
112

105 (duration) *25* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? *no.* DATE OF

WAS THERE AN AUTOPSY? *no.*

WHAT TEST CONFIRMED DIAGNOSIS? *none*
(Signed) *S. W. Wolger*, M. D.
. 19 (Address) *Clinton*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Englewood Cemetery* DATE OF BURIAL *May 28 1929*

20. UNDERTAKER *Sims-Wilkinson & Co.* ADDRESS *Clinton, 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.

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