

JUN 25 1930

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

Do not use this space.

15913

1. PLACE OF DEATH

County Henry  
Township Sueds Creek  
City (No. ....) St. .... Ward)

Registration District No. 347  
Primary Registration District No. 5490

File No. ....  
Registered No. 37

2. FULL NAME

Thomas H. Clark

(a) Residence No. .... 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/23 1930

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

17. I HEREBY CERTIFY, That I attended deceased from March 10 1930, to March 10 1930, that I last saw him alive on March 10, 1930, and that death occurred, on the date stated above, at May 23 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-30-1872

THE CAUSE OF DEATH WAS AS FOLLOWS

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
57 5 23

Bright Disease

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

1328  
129B  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

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

10. NAME OF FATHER Lewis Clark

DID AN OPERATION PRECEDE DEATH? no DATE OF ... WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

WHAT TEST CONFIRMED DIAGNOSIS? none (Signed) J. R. Haupt, M. D.

12. MAIDEN NAME OF MOTHER Margaret Evans

(Address) Clinton mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

\*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.

14. INFORMANT W. D. Clark (Address) Barnsdale Okla

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rich Cemetery DATE OF BURIAL 5-24-30

15. FILED 5/23 1930 Dr. E. C. Teelor REGISTRAR Mo.

20. UNDERTAKER Lewis Williamson ADDRESS Clinton mo

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.

