

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

Do not use this space.

MAY 27 1935

12625

1. PLACE OF DEATH

County Henry

Registration District No. 347

File No. 74

Township Clinton Mo.

Primary Registration District No. 2618

Registered No. _____

City Clinton Mo.

St. _____ Ward _____

2. FULL NAME Ray Clark

(a) Residence, No. 1412 S. Water 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

3. SEX M 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 Husband of Goldie Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 3 7

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.

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) Wich Mo.

13. NAME Thomas Gordon Clark

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

15. MAIDEN NAME Bessie Fitzgerald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo

17. INFORMANT (ADDRESS) Bessie Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Wich DATE 4/30 1935

19. UNDERTAKER (ADDRESS) Spencer & Son

FILED 66 1935 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1935, to 4-28, 1935

I last saw him alive on 4-27, 1935. Death is said

to have occurred on the date stated above, at 10 A m.

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

Pneumonia
Tuberculosis

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Was there an autopsy? No

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) E. J. O'Neil, M. D.

(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.

