

MAY 14 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16093

1. PLACE OF DEATH

County Monticau
Township Marion
City Clarksburg (No. _____)

Registration District No. 1095-
Primary Registration District No. 4336

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

Frank B. Clark

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 Agnes Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
67 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Monticau Co Mo

13. NAME Geo J. Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksburg Mo

15. MAIDEN NAME Mary Yancy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co

17. INFORMANT Mrs. Frank B. Clark (ADDRESS) Clarksburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem. DATE 4/28 1936

19. UNDERTAKER Wells and Freedmeyer (ADDRESS) Clarksburg Mo

20. FILED May 2 1936 J. L. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27 1936, to April 27 1936

I last saw him alive on April 27 1936 Death is said to have occurred on the date stated above, at 11:40 P.M.

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

Coronary Thrombosis April 27

94a

Other contributory causes of importance: Angina Pectoris

Name of operation _____ 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) G. S. Wilson M. D.
(Address) Clarksburg

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.

