

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

Do not use this space.

41463

1. PLACE OF DEATH

County Monteair
Township Moran
City (No.) St. Ward)

Registration District No. 10251
Primary Registration District No. 3770

File No.
Registered No.

2. FULL NAME

Henry Leper 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

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 Alice A. Clark WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-25-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 8 26

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) (Retired)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clarkburg
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Heiam Clark

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

12. MAIDEN NAME OF MOTHER Mary Dickman

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

14. INFORMANT A. H. Perlego
(Address) Clarkburg Mo

15. FILED 12-30-19-27 Jewell E. Richards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21-1929

17. I HEREBY CERTIFY, That I attended deceased from 11 11 1929, to 12-21 1929, that I last saw him alive on 12-20 1929, and that death occurred, on the date stated above, at 6:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108 (duration) yrs. mos. 10 da.

CONTRIBUTORY (SECONDARY) 10/10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. S. Wilson M. D.

12-21, 1919 (Address) Fortuna

*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 Moran Cemetery DATE OF BURIAL 12-22-1929
Monteair County

20. UNDERTAKER Jewell E. Richards ADDRESS Septor, Mo

2466

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHOTODUPLICATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

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