

1. PLACE OF DEATH

MISSISSIPPI STATE BOARD OF HEALTH

County **Lauderdale**

Registered No. **358**

Voting Precinct

or Village

or City **Meridian** *Chapel* **Riley's Hospital**

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

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

2. FULL NAME **Daniel Currin Clark**

462

(Write or Print Name Plainly)

(a) Residence: No. **2913-1/2 8th St.**

St.

Ward

(Usual place of abode)

(If nonresident give city or town and State)

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**

21. DATE OF DEATH (month, day and year) **May 23, 1937**

5a. If married widowed or divorced HUSBAND of (or) WIFE of **Mildred Cox Clark**

22. I HEREBY CERTIFY, That I attended deceased from **May 18, 1937** to **May 23, 1937**
I last saw him alive on **May 23, 1937** Death is said to have occurred on the date stated above, at **3 P. M.**

6. DATE OF BIRTH (month, day, and year) **1-18-1894**

The principal cause of death and related causes of importance in order of onset were as follows: **Neura Syphilis**

7. AGE **43** **4** **5** If LESS than 1 day, hrs. or min.

Date of onset **1-34**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **oil dealer**

Contributory causes of importance not related to principal cause **Summa of Brain**

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) **Meridian Miss**

13. NAME **Manson E. Clark**

14. BIRTHPLACE (city or town) (State or country) **Kemper Co. Miss**

15. MAIDEN NAME **Addie C. Cooke**

16. BIRTHPLACE (city or town) (State or country) **Lauderdale Miss**

17. INFORMANT **Mrs M.C. Warren** (and Address) **Meridian, Miss.**

18. BURIAL, CREMATION, OR REMOVAL Place **Magnolia** Date **May 24, 1937**

19. UNDERTAKER **Williams Funeral Home** (and Address) **Meridian, Miss.**

20. FILED **5/24 1937**

Name of operation (if any was done) **not** Date of **Physical + Chemical**

What test confirmed diagnosis? **Physical + Chemical** 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? **no** If so specify

(Signed) **W. H. Boyer** M. D. (Address) **Meridian, Miss.**