

DIST. No.

 DIST. DEPT. D  
 MIT OFFIC

# CERTIFICATE OF DEATH

CLASS. No.

XVII 2-98

No. OF RECORD

DISTRICT OF COLUMBIA

1938 JAN 18 PM 4 26

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK AND SPACE FOR REMARKS MAY BE FOUND ON THE OTHER SIDE

## 1. PLACE OF DEATH:

No. .... Street, ..... Section.

 Name of Hospital Garfield Hospital ..... Duration of residence therein .....
2. FULL NAME Bailey E. Clark
 (a) Residence, No. 4813 9th St. N.W. ..... Street .....  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in D. of C., ..... yrs. .... mo. .... da. How long in U. S. if of foreign birth? ..... yrs. .... mo. .... da.

## 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 }

6. DATE OF BIRTH (month, day, and year) .....

 7. AGE: Years 29 Months ..... Days .....  
 If LESS than 1 day ..... hrs. .... min. ....

8. OCCUPATION OF DECEASED:

(a) Trade, profession, or particular kind of work Pro. Ball Player

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (city or town) District of Columbia

(State or country) .....

10. NAME OF FATHER (in full) Bailey Clark

11. BIRTHPLACE OF FATHER: City or town .....

State or country .....

12. MAIDEN NAME OF MOTHER (in full) .....

13. BIRTHPLACE OF MOTHER: City or town .....

State or country .....

14. Above information furnished by Bailey E. Clark

Address .....

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Jan 16 1938

17. I HEREBY CERTIFY, that I attended deceased from .....

....., 19....., to ....., 19.....

that I last saw him ..... alive on ....., 19.....

and that death occurred, on the date stated above, at ..... in  
The CAUSE OF DEATH\* was as follows:

*Coronary atherosclerosis and  
myocardial infarction  
of 14 1/2 years duration  
beginning in 1923*

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. .... mo. .... da.

18. Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of operation .....

Was there an autopsy? Yes .....

What laboratory test confirmed diagnosis? .....

 (Signed) W. J. ...  
 (Address) ...

\* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSE state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cedar Hill DATE 1/19 1938

20. I certify that the above information is true and correct to the best of my knowledge and belief.

 (Signature) W. J. ...  
 (Address) ...