kindex®
< Scan QR to view this original record online, or visit https://ezratclark.kindex.org/s/341625

Title:
Provenance: **Eugene Henry Clark records from FamilySearch**

Category: **Document**
Person: **Eugene Henry Clark**
Date:

N. B. - WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD.

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. See instructions on back of certificate.

0 3 1 0 0 6 3 2

1 PLACE OF DEATH

County Davis

Precinct

Village

or

City Farmington

No.

State Board of Health File No. 23

462

STATE OF UTAH - DEATH CERTIFICATE

Eugene Henry Clark

St., Ward

[If death occurred in a

hospital or institution

give its NAME instead

of street and number.]

2 FULL NAME Eugene Henry Clark

(a) Residence. No. Farmington Utah

(USUAL PLACE OF ABODE)

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred 50 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

(or) WIFE OF

Sadie Sessions

6 DATE OF BIRTH

Mar 20, 1873

(Month) (Day) (Year)

7 AGE

58 yrs. 0 mos. 29 ds.

If LESS than

1 day, hrs.

or min.?

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)

(c) Name of Employer

Self

9 BIRTHPLACE (City or town)

Utah

(State or Country)

PARENTS

10 NAME OF

FATHER

Ezra T Clark

11 BIRTHPLACE

OF FATHER

(State or Country)

Illinois

12 MAIDEN NAME

OF MOTHER

Susan Leggett

13 BIRTHPLACE

OF MOTHER

(State or Country)

England

14

Informant A L Clark

Address Farmington Utah

15

Filed April 22 1931 J. H. Robinson

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 19, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

March, 1931, to April 19, 1931,

that I last saw him alive on April 19, 1931,

and that death occurred, on the date stated above, at 4 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

1st Stroke1 yr. ago

2nd Stroke April 11

(Duration) yrs. mos. 8 ds.

Contributory First Stroke & Pneumonia

(Secondary)

Hyperstatic

(Duration) yrs. mos. 2 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Picture

(Signed) E. W. O. Buchanan, M. D.

4/21/, 1931 (Address) Farmington

Utah

*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. (See reverse side for additional space.)

Registered Number

21 3

No. of Burial or Removal Permit

22 3

19 PLACE OF BURIAL, CREMATION OR

REMOVAL

Farmington Cem

DATE OF BURIAL

April 22, 1931

20 UNDERTAKER

Geo W Holbrook

ADDRESS

Bountiful,

Utah

READ CAREFULLY INSTRUCTIONS ON BACK OF

CERTIFICATE