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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.

St., Ward

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

[If death occurred in a hospital or institution give its NAME instead of street and number.]

OCCUPATION is very important. See instructions on back of certificate.

2 FULL NAME Eugene Henry Clark

0 3 1 0 0 6 3 2

(a) Residence. No. Farmington Utah

1 PLACE OF DEATH

(USUAL PLACE OF ABODE)

County Davis

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

Precinct

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.

Village

or

City Farmington

PERSONAL AND STATISTICAL PARTICULARS

No.

3 SEX

State Board of Health File No. 23

Male

462

4 COLOR OR RACE

STATE OF UTAH - DEATH CERTIFICATE

White

Eugene Henry Clark

5 SINGLE, MARRIED, WIDOWED,

OR DIVORCED (Write the word)

Utah

Married

(State or Country)

5a If Married, Widowed, or Divorced

PARENTS

HUSBAND OF

10 NAME OF

(or) WIFE OF

FATHER

Sadie Sessions

Ezra T Clark

6 DATE OF BIRTH

11 BIRTHPLACE

Mar 20, 1873

OF FATHER

(Month) (Day) (Year)

(State or Country)

7 AGE

Illinois

58 yrs. 0 mos. 29 ds.

12 MAIDEN NAME

If LESS than

OF MOTHER

1 day, hrs.

Susan Leggett

or min.?

13 BIRTHPLACE

8 OCCUPATION OF DECEASED

OF MOTHER

(a) Trade, profession or

(State or Country)

particular kind of work

England

Farmer

14

(b) General nature of industry,

Informant A L Clark

business, or establishment in

Address Farmington Utah

which employed (or employer)

15

(c) Name of Employer

Filed April 22 1931 J. H. Robinson

Self

Registrar

9 BIRTHPLACE (City or town)

MEDICAL CERTIFICATE OF DEATH

4/21/, 1931 (Address) Farmington

16 DATE OF DEATH

Utah

April 19, 1931

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT

(Month) (Day) (Year)

CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether

17 I HEREBY CERTIFY, That I attended deceased from

ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for ad-

March, 1931, to April 19, 1931,

ditional space.)

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

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

Registered Number

The CAUSE OF DEATH\* was as follows:

21 3

Cerebral Apoplexy

No. of Burial or Removal Permit

1st Stroke 1 yr. ago

22 3

2nd Stroke April 11

19 PLACE OF BURIAL, CREMATION OR

(Duration) yrs. mos. 8 ds.

REMOVAL

Contributory First Stroke & Pneumonia

Farmington Cem

(Secondary)

DATE OF BURIAL

Hyperstatic

April 22, 1931

(Duration) yrs. mos. 2 ds.

20 UNDERTAKER

18 Where was disease contracted

Geo W Holbrook

if not at place of death?

ADDRESS

Did an operation precede death? no Date of

Bountiful,

Was there an autopsy?

Utah

What test confirmed diagnosis? Clinical Picture

READ CAREFULLY INSTRUCTIONS ON BACK OF

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

# CERTIFICATE