

PLACE OF DEATH

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
CERTIFICATE OF DEATH

375-2135A

275-2135A
(If institution, state name)

of premises,
ment, private,
hospital or other place, etc.

Full Name *Robert William Clark*

Registered No. **107**

4 COLOR OR RACE *W* 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) *W*

15 DATE OF DEATH *Jan 2* 1924
(Month) (Day) (Year)

16 AGE AT DEATH (Month) (Day) (Year)

10 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that I have this *2* day of *Jan* 1924, taken charge of the body of deceased found at *375-2135A* and that I have investigated the essential facts concerning the circumstances of the death.

17 If LESS than 1 day, hrs. of, or, min.?

17 I further certify that I have viewed said body and from *examination* and evidence, that he died on the *2* day of *Jan* 1924 at *79M.*, and that the chief and determining cause of his death was *Myocardial heart disease* that the contributing causes were *90.*

18 OCCUPATION (Trade, Profession, or kind of work) *None*

19 PLACE OF BIRTH (State or country) *W.D.*

20 How long in City (if of foreign birth) (9) How long resident in City of New York *8 yrs*

21 NAME OF FATHER *Thomas*

22 BIRTHPLACE OF FATHER (State or country) *Australia*

23 MAIDEN NAME OF MOTHER *Caroline Conner*

24 BIRTHPLACE OF MOTHER (State or country) *W.D.*

Special INFORMATION required in deaths in hospitals and in deaths of non-residents and recent residents.

Approved: *W. H. Friedman* Assistant Medical Examiner
Charles Beores, M.D. Chief Medical Examiner

25 PLACE OF BURIAL *Walden Cemetery*

DATE OF BURIAL *Jan 5* 1924

26 UNDERTAKER *George Lynch 472*

ADDRESS *697 Willis Ave*

FILED
JAN 4 1924

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Irene A Scanlon
IRENE A SCANLON
CITY REGISTRAR



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BUREAU OF VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

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