MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35436

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003 File No. 10622

City St Louis (No. 22 Westmoreland Place St. ..... Ward) Registered No.

2. FULL NAME Alfred Clifford

(a) Residence. No. 22 Westmoreland Pl. 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Elizabeth Johnston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11, 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
	82	9	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) East Medway
(STATE OR COUNTRY) Mass

PARENTS

10. NAME OF FATHER Oliver H Clifford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brookfield
(STATE OR COUNTRY) Vermont

12. MAIDEN NAME OF MOTHER Elizabeth Mason

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Princeton
(STATE OR COUNTRY) Mass

14. INFORMANT Oliver M Clifford
(Address) 4715 Westmoreland Pl

15. FILED NOV 27 1927 Max C Starkoff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1927, to Nov 26, 1927 that I last saw h. alive on Nov 25, 1927, and that death occurred, on the date stated above, at 4:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma - primary in prostate gland metastases in liver & bowels. (duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Pathologic tissues -

(Signed) Walter Fischel, M. D

Nov 26, 1927 (Address) 3720 Washington

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine — DATE OF BURIAL Nov 28 1927

20. UNDERTAKER Wagner — ADDRESS 3634 Olive

N. B.—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.