WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28532

Township ..... Primary Registration District No. 1003 Registered No. 7978

City St. Louis Mo. (No. 814 S. 18th, St. ..... St. ..... Ward)

2. FULL NAME Clarence Rector.

(a) Residence. No. 814 S. 18th, St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 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: Ollie Rector.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3/21/1871

7. AGE: Years 57 | Months 4 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Operator.
(b) General nature of industry, business, or establishment in which employed (or employer): Public Service Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: Edward Rector.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Mary Coose.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known.

14. INFORMANT: Clarence Rector Junior
(Address) 4316 Gibson

15. FILED AUG 5 1928 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/4/28 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928 to August 4, 1928 that I last saw him alive on June 2, 1928, and that death occurred, on the date stated above, at 9 20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary hemorrhage
Pulmonary Tuberculosis
31
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Tuberculosis
(duration) 3 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? physical signs
(Signed) W. H. Clothers, M.D.
, 19 (Address) Carleton Bldg.

*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: Valhalla Cemetery. DATE OF BURIAL: 8-6- 1928

20. UNDERTAKER: Provost Lund Co ADDRESS: 3710 N. Grand