

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

Do not use this space.

**8979**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003** File No. ....  
 City St. Louis (No. St. Louis Children's Hospital Registered No. **2091** Ward)

**2. FULL NAME**

Clyde Israel  
 (a) Residence, No. 2403 Walton Rd 12 Ward. Overland Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-27-1929

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

17. I HEREBY CERTIFY, That I attended deceased from 2-27-1929, to 2-27-1929, 1929, that I last saw him alive on 2-27-1929, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-27-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3

Cerebro-spinal meningitis - meningococcus  
79A yrs. mos. ds. 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.  
71A

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

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

10. NAME OF FATHER Clyde Israel

0 DID AN OPERATION PRECEDE DEATH. DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wichita (STATE OR COUNTRY) Kansas

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Dorothy E. Evans  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington (STATE OR COUNTRY) Kentucky

WHAT TEST CONFIRMED DIAGNOSIS? Cultivation  
 (Signed) A. C. Edwards M. D.

14. INFORMANT L. Koeltling (Address) 500 S. Kings Highway

\*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.  
2-25-1929 (Address) 500 S. Kings Highway

15. FILED 28 1929 M. C. Stankoff REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lake Charles Cem. DATE OF BURIAL 2-28-1929  
 20. UNDERTAKER Callender & Sons ADDRESS 417 5th St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD SIGN.



1947

1947

1947

1947

1947