94
SEP 26 1929

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.

28736

1. PLACE OF DEATH
County St Francois — Registration District No. 773 — File No.
Township Pendleton — Primary Registration District No. 6073 — Registered No. 114
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Doris Jewel Clements
(a) Residence. No. ..... St., ... Ward. .....
(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 23, 1929

7. AGE: Years 0 — Months 2 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Doe Run, Mo.

PARENTS
10. NAME OF FATHER: Lawrence Clements
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Perry Co. Mo.
12. MAIDEN NAME OF MOTHER: Mopritle Blankenship
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mitchell, Mo.

14. INFORMANT: Lawrence Clements
(Address): Doe Run, Mo.

15. FILED Aug 8, 1929 B. J. Robinson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1929, to Aug 6th 1929, that I last saw her alive on Aug 5, 19..., and that death occurred, on the date stated above, at 8 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ilio-colitis (acute)
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Improper feeding
(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No. DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical X
(Signed) R. L. Evans, M. D
8-7, 1929 (Address) Bonne Terre Mo

*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: I.O.O.F. Doe Run, Mo. — DATE OF BURIAL: 8/8 1929

20. UNDERTAKER: Needart Used Co. — ADDRESS: Fyton Mo