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

Do not use this space. 12897

B. M. 826

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township Raw — Primary Registration District No. — Registered No.
City Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME Roy N. St. Clair
(a) Residence. No. 3815 Garfield St., 13 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: 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: Glade St. Clair

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June-22-1883

7. AGE: YEARS 46 — MONTHS 10 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN): Terra Haute
(STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: J. M. St. Clair
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): No Record

14. INFORMANT: Glade St. Clair
(Address) 3815 Garfield ave

15. FILED 4/26 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH Friday

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-25 1930

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 4.10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Suicide, bichloride of poison

1630 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 166 (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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M. Hall, M. D.
4/25, 1930 (Address) Deputy Coroner

*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: Elmwood — DATE OF BURIAL: 4-28 1930

20. UNDERTAKER: Mrs. C. L. Foster — ADDRESS: K. C. Mo.

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.