

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

Do not use this space.

19395

2387

1. PLACE OF DEATH **U.S.V. Hosp.**

County **Jackson**

Registration District No.

Township **Kan**

Primary Registration District No.

City **Kansas City, Mo.**

(No. **U.S. Veterans Hospital**)

File No.

Registered No.

St. Ward)

2. FULL NAME **CLEMENTS, Frederick George**

C-None WOE

(a) Residence. No. **Slater Ave.**

St. Ward **Pvt Hosp. Corps. Co L**

(Usual place of abode) **Merriam, Kansas.**

resident, 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
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harriet Clements**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 6, 1872**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	57	9	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Water Service Foreman MP**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **England**
(STATE OR COUNTRY)

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **no record**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **no record**
(STATE OR COUNTRY)

14. INFORMANT **Hospital Records.**
(Address) **U.S. Vet Hosp KC MO**

15. FILED **6/7 30 m m crowe**
REGISTRAR **ast**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 5 1930**

17. I HEREBY CERTIFY, That I attended deceased from **June 2**, 19**30** to **June 5**, 19**30** that I last saw him alive on **June 5**, 19**30**, and that death occurred, on the date stated above, at **9:20 P.M.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis, chr.

1 yr 1 year or more.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **1290**
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? **No** DATE OF
WAS THERE AN AUTOPSY? **Yes.**

WHAT TEST CONFIRMED DIAGNOSIS **Clinical Exam. & Autopsy**
4/5/30 (Signed) **W. E. Chambers, M. D.**
W. E. CHAMBERS, Medical Officer in Charge
U.S.V. Hosp. Kansas City, 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 **not buried** DATE OF BURIAL **June 7 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.

