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

Do not use this space.

23467

AUG 26 19

1. PLACE OF DEATH
County Lincoln — Registration District No. 49 — File No. 144
Township Monroe — Primary Registration District No. 5652 a3 — Registered No.
City ~~Old Monroe Mo~~ No. ..... St. ..... Ward)

2. FULL NAME Nolan Michael Clemmons
(a) Residence. No. 3818 De Tonty St St., ... Ward. St Louis 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. 49 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct - 20 - 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	56	8	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Real Estate Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Dickman Realty Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Montezuma Illinois
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Seldom Perry Clemmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Jane Armstrong
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Mary M Clemmons
(Address) 3818 De Tonty St St Louis Mo

15. FILED 7/14 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 - 14 1930

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1930 to 7 - 14, 1930 that I last saw him alive on 7 - 13, 1930 and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma (of bladder)

51B

49 (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) [signature], M. D.
7/14, 1930 (Address) Old Monroe 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: Removal — DATE OF BURIAL: 7/17 1930

20. UNDERTAKER: E. C. Keithly — ADDRESS: Fallon 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.