

SEP 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township H Primary Registration District No. 3009
City " (No. 1118 Bloomfield) St. " Ward "

File No. 26095
Registered No. 438

2. FULL NAME Louis William Clarida

(a) Residence. No. 1118 Bloomfield St. 3 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 - 1822

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 7 3

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Thomas Clarida

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waverly
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Lilly Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Waverly
(STATE OR COUNTRY) Mo

14. INFORMANT Lilly Adams
(Address) Cape Girardeau Mo

15. FILED 8/19 1930 Worcum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1930

17. I HEREBY CERTIFY, That I attended deceased from August 15, 1930, to Aug 19, 1930 that I last saw him alive on Aug 19, 1930, and that death occurred, on the date stated above, at 4:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Septicaemia from abscessed condition in mouth

CONTRIBUTORY (SECONDARY) 108B

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) Dr. Paul Williams
, 19 (Address) Cape Girardeau, 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

DATE OF BURIAL

Worcum Cemetery Aug 21 1930

20. UNDERTAKER

ADDRESS

Larkins F & N Co Cape Gir Mo

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.

