

OCT 29 1930

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

Do not use this space.

30308

1. PLACE OF DEATH

County Jefferson
Township Joachim
City Crystal City

Registration District No. 421
Primary Registration District No. 5575

File No. _____
Registered No. 827

2. FULL NAME Clarence Edward Day

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

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) August 24, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
48 1 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Glass Manufacturing
(c) Name of employer Pittsburgh Plate Glass Co.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Butler County Mo.

10. NAME OF FATHER Eli S. Day
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Centrelia (STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Barbra Boyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Wayne County Missouri

14. INFORMANT Mrs Wm Bennett (Address) Crystal City Mo

15. FILED 9/21/30 J. C. Lutz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1924 to Sept 20 1930 that I last saw h. in alive on Sept 18 1930 and that death occurred, on the date stated above, at 5:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

barsanana right arm and chest

53E (duration) 1 yrs. 15 mos. _____ ds.

CONTRIBUTORY (SECONDARY) barsanana right arm (duration) 1 yrs. 10 mos. _____ ds.

18. WHEN WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF March 20/30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS bleeural & tubercular
(Signed) D. Stewart M.D.
, 19 (Address) Crystal 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 Festus Mo DATE OF BURIAL 9-23 1930

20. UNDERTAKER Duester & Vinyard ADDRESS Festus 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.

RECORDING INK—THIS IS A PERMANENT RECORD

