

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

Do not use this space.

17475

1. PLACE OF DEATH

County Cole
Township Jefferson
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No. 121
Registered No.

2. FULL NAME

(a) Residence No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. 7 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) APR 28 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
8 4 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer Maries Co.

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

10. NAME OF FATHER J R Clark

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

12. MAIDEN NAME OF MOTHER Stilda Gray

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

14. INFORMANT J R Clark
(Address) Reuss Addition

15. FILED 5-15-31 W. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 31

17. I HEREBY CERTIFY, That I attended deceased from April 26 1931, to May 1 1931 that I last saw him alive on May 1 1931 and that death occurred, on the date stated above, at 4 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococci mastoidei

(duration) yrs. 10 mos. 10 ds.

CONTRIBUTORY (SECONDARY) Meningitis streptococci

(duration) yrs. 7 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: 8913 Sheris mo

DID AN OPERATION PRECEDE DEATH? no DATE OF April 26

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operative cultures

(Signed) Charles Howard M. D.

*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 Vienna Cem DATE OF BURIAL May 3 1931

20. UNDERTAKER Lawson James ADDRESS J C Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 2 1 1931

