

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

Do not use this space.

29631

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4944, Lindell) St. Ward)

2. FULL NAME

Nannie H. Berthoud Clifford

(a) Residence, No. 4944 Lindell St., 12 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 15

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Agustus H. Berthoud

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

15. MAIDEN NAME Amanda Israel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Berthoud Clifford (ADDRESS) 4944 Lindell

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellfontaine DATE Aug 11, 1931

19. UNDERTAKER C. R. Lupton & Sons Inc (ADDRESS) 4449 Bellfontaine

20. FILED Aug 21, 1931 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to Aug 10, 1931.
 (last saw h. or alive on Aug 10, 1931) Death is said

to have occurred on the date stated above, at 3 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis & RFB
Arterio-sclerosis
97

Date of onset July 5/31

Other contributory causes of importance:

Name of operation none Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) Albert J. Janisig, M. D.
 (Address) 3720 Washington Ave.

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.

