

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

Do not use this space.

36428

1. PLACE OF DEATH

County.....

Registration District No. *79 A*

Township.....

Primary Registration District No. *1003*

City *St. Louis* (No. *City Hospital*)

#13184

2. FULL NAME

Clenor Costley

(a) Residence, No. *2610 Blair St.* *26* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *Life* 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) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 9 - 1931*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 9 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *nil*

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) *St. Louis* (STATE OR COUNTRY) *Missouri*

13. NAME *Leroy Costley*

14. BIRTHPLACE (CITY OR TOWN) *Leban* (STATE OR COUNTRY) *Tenn.*

15. MAIDEN NAME *Louise Wickler*

16. BIRTHPLACE (CITY OR TOWN) *Leban* (STATE OR COUNTRY) *Tenn.*

17. HOSPITAL INFORMATION (ADDRESS) *City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Cem.* DATE *11-2-1931*

19. UNDERTAKER *Provoe Undertaking Co.* (ADDRESS) *3711 Olive Ave. St. Louis*

20. FILED *OCT 31 1931*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 31 at 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 29th*, 1931, to *Oct. 31st*, 1931.

I last saw her alive on *Oct. 31st*, 1931. Death is said to have occurred on the date stated above, at *12.30 AM*

The principal cause of death and related causes of importance were as follows:

Drinker and
intoxicated
(under 2 yrs 8 mo)

Other contributory causes of importance:

Name of operation *no op.* Date of *11/9*

What test confirmed diagnosis? *exam.* 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 1931

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?

If so, specify *Metastatic carcinoma*

(Address) *City Hospital*

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.

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