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.

JUL 27 1932

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

Do not use this space.

20772

1. PLACE OF DEATH

96 County St. Louis, Registration District No. 1123 File No.

Township Bronsdell Primary Registration District No. 6248 B Registered No. 214

City Jefferson Barracks, Mo. U.S.V.A. Hospital, Jefferson Barracks, Mo. Ward)

2. FULL NAME Clem McCree.

(a) Residence, No. R.#2. East Prairie, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: COLORED.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Idella McCree.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 19, 1888

7. AGE: YEARS 44 | MONTHS 3 | DAYS 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.

10. Date deceased last worked at this occupation (month and year) Unavailable.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable. Virginia. 2

FATHER

13. NAME: Unavailable.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable. Unavailable. 31

MOTHER

15. MAIDEN NAME: Unavailable.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable. Unavailable.

17. INFORMANT (ADDRESS): C. H. Smith. Clinical Director. U.S.V.A. Hospital, Jefferson Brks. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Charleston, Mo. DATE June 30 1932

19. UNDERTAKER (ADDRESS): C Hoffmeister Mvl Co 7814 So Broadway

20. FILED June 31, 1932 L. C. Obrock M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1932., 19....., to June 29, 1932. 19.....

I last saw him alive on June 29, 1932., 19..... Death is said to have occurred on the date stated above, at 8:40 AM

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

Bronchial Pneumonia

93C

107A 93C

Date of onset

Other contributory causes of importance:

Myocarditis, chronic. 0

Name of operation Autopsy, Physical & Laboratory findings. Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

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?

If so, specify

(Signed) W. C. Gibson, Medical Officer In Charge

(Address) U.S.V.A. Hospital, Jefferso Brks, Mo.