

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

Do not use this space.

34279

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. Barnes Hosp).....

File No.....
Registered No. 9639
St..... Ward.....

2. FULL NAME

William Clifton
(a) Residence, No. 11 Thornby Pl. St., 5 Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
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 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 Annabell Clifton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 9 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Messenger 254
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1st Nat. Bank, Wellston
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation, 18 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Hall, Ark. 2

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Anna Bell Clifton, 3108 7th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE 11/2, 1932

19. UNDERTAKER (ADDRESS) Ed. H. Jones, 2827 Alton St.

20. FILED OCT 31 1932 W. C. Starnes Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1932 to 10-28, 1932
I last saw him alive on 10-28, 1932 Death is said to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:

Hypertension Date of onset.....
Hypertensive Heart Disease
General Arteriosclerosis
95%
94% (C) (D)
Other contributory causes of importance:
97 Coronary Thrombosis
97 Infarction of Right Kidney

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Adolph C. Langs, M. D.
(Address) Barnes Hospital

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.

