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

Do not use this space.

28576

1. PLACE OF DEATH
County: Sullivan (105)
Township: Bowman
City: ~~Municipality~~ (No. ..... St. ..... Ward)

Registration District No. 851
Primary Registration District No. 61184a

File No. .....
Registered No. .....

2. FULL NAME: George T. Clem

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Mrs Geo. T Clem

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 16-1862

7. AGE: Years 71 | Months 5 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Mo.

FATHER
13. NAME: Andrew Jackson Clem
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Sarah Jacobs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Nathan Clem, Humphreys Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Campground DATE: Aug 2, 1933

19. UNDERTAKER (ADDRESS): R L Payne & Son, Galt Mo

20. FILED: 8-1, 1933 J A Street, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-1-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-10-1933, to 8-1-1933
I last saw him alive on 6-15-1933. Death is said to have occurred on the date stated above, at 6:A m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 2-10-33
OPH
OPH
OPH

Other contributory causes of importance:

Cerebral Softening

Name of operation: — Date of: —
What test confirmed diagnosis? clinical 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) U C Weston, M. D.
(Address) Galt, Mo

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.