

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.

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

Do not use this space.

39534

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 204

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Clarence E. Durham

(a) Residence, No. 705 West Main Streets. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Durham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-30-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
42 5 1

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

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

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) Marion, Missouri

13. NAME Hamilton Durham

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

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo

17. INFORMANT Mrs. Grace Durham
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cemetery Dec-3-1933

19. UNDERTAKER W. P. Gordon
(ADDRESS) Jefferson City, Mo.

20. FILED 12/3/33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-1933

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased

I last saw h _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Shot gun wound, 20 gauge gun fired with muzzle placed against scalp, which severed entire brain.
Other contributory causes of importance: _____

Date of onset

Name of operation _____ 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? suicide Date of injury 12-1-1933

Where did injury occur? Jefferson City, Cole, Mo
(Specify city or town, county, and State)

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

Manner of injury Home
Nature of injury gun shot wound
Complete decapitation

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) W. P. E. Weaver M.D.
(Address) Russellville, Mo.

