

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

Do not use this space.

3166

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **no pac hospital**) St. _____ Ward _____

File No.
 Registered No. **821**
 St. _____ Ward _____

2. FULL NAME

James Henry Clifford
 (a) Residence, No. **1506 Del Norte** Ward. **Richmond Heights Mo.**
 (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 **m** 4. COLOR OR RACE **w** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bellfield Clifford**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 5 1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 **—** **17**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Station Master**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Terre Haute RR**
 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) **Don't know**

13. NAME **Don't know**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

15. MAIDEN NAME **Don't know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

17. INFORMANT (ADDRESS) **Bellfield Clifford**
1506 Del Norte

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **Jan 24 1934**

19. UNDERTAKER (ADDRESS) **Thos J. Farney**
1519 1/2 Frank

20. FILED **Jan 25 1934**
J. Bredeck
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 22 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 27 1933** to **Jan 22 1934**

I last saw him alive on **Jan 22 1934** Death is said to have occurred on the date stated above, at **4:25 a.m.**

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

Carcinoma of rectum (Date of onset) **May**
Generalized chemodectoma
46 1/2" of abdomen
53 1/2"

Other contributory causes of importance: **44**

Name of operation **Exploratory Laparotomy** Date of **Jan 17, 1934**
 What test confirmed diagnosis? **Biopsy** 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) **Royal G. McEwen** M. D.
 (Address) **Wm. Pac 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. WRITE PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

