

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

Do not use this space.

32959

4297

OCT 17 1934

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No.....

Primary Registration District No.....

File No.....

Registered No.....

St. Ward)

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

St.....

Ward.....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs. mos. ds.

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

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. COLOR OR RACE <i>col.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 22, 1917</i>		
7. AGE	YEARS	MONTHS
<i>17</i>	<i>1</i>	<i>20</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.....
OCCUPATION <i>Student</i>		
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).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>		
13. NAME <i>George Clarity</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>		
15. MAIDEN NAME <i>Carnestine Roberts</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>		
17. INFORMANT (ADDRESS) <i>George Clarity</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Blue Hill Maus. Oct 9/34</i>		
19. UNDERTAKER (ADDRESS) <i>Mathias W. Halck...</i>		
20. FILED <i>9-22, 1934</i> <i>m m Crow</i> <i>asst Registrar.</i>		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *Sept 17th*, 1934 to *Sept 21st*, 1934
I last saw him alive on *Sept 21st*, 1934 Death is said to have occurred on the date stated above, at *1:15 A.M.*
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

108

8. 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) *Wm Brathwaite* M. D.
(Address) *104 N. James St. Ke. Mo.*

Date of onset

Sept 19

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.

