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

Do not use this space.

DEC 27 1934

File No. 40563

Registered No. 245

1. PLACE OF DEATH
County St. Louis — Registration District No. 785
Township Bonhomme — Primary Registration District No. 3037
City Kirkwood (No. 217, E. Adams Avenue St. Ward)

2. FULL NAME Clarence Bartlett Rex

(a) Residence, No. 217 E. Adams Ave., 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. 8 mos. ---ds. How long in U. S., if of foreign birth? ---yrs. ---mo. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~WIFE OF~~ Clara Katherine Rex

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Offices General Auditor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco Ry Steam Railway Offices

10. Date deceased last worked at this occupation (month and year) Nov. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark City, Clark County, Missouri

FATHER

13. NAME George Franklin Rex

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County, Pennsylvania

MOTHER

15. MAIDEN NAME Caroline Bartlett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton, Hancock County, Illinois

17. INFORMANT (ADDRESS) George E. Rex Maytown, Jackson Cty., Missouri

18. BURIAL, ~~CREMATION~~ PLACE Kirkwood, Mo. DATE Nov. 30, 1934 in Oak Hill Cemetery

19. UNDERTAKER (ADDRESS) Allen W. McLaughlin Webster Groves, Missouri.

20. FILED 11/30, 1934 Agnes E. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/27/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/1/, 19..., to 11/27/, 19..., I last saw h... alive on 11/26, 19..., Death is said to have occurred on the date stated above, at 5AM m.

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

	Date of onset
From every evidence suicide, attached garden hose to exhaust pipe of machine and ran same up into car. Was fixed in position and apparently was too slow in this	

Other contributory causes of importance: operation. Then shot himself in rt. temporal. Bullet taking exit up over the left temporal.

Name of operation autopsy Date of

What test confirmed diagnosis? Was there an autopsy? yes

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) Tula B. Timon, M.D. 11/27/34
(Address) 3718 Jennings Rd., Crown Point, 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.

From history man was considerably nervous for some time, perhaps business strain.