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.

FEB 15 1935

2808

1. PLACE OF DEATH
County [illegible] Registration District No. 790 File No.
Township [illegible] Primary Registration District No. 60332 Registered No. 26
City Clayton (No. 425 Carrswold Dr. St. Ward)

2. FULL NAME Lillie Clement
(a) Residence, No. 425 Carrswold Dr. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR~~ DIVORCED (*write* the word): widow
5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF John M. Clement
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4-1865
7. AGE: YEARS 69 MONTHS 2 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Missouri

FATHER
13. NAME George D. White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elizabeth Spencer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs Mabel Hartt
(ADDRESS) 425 Carrswold Dr.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE Jan 14 1935
19. UNDERTAKER E. J. Schnur
(ADDRESS) 3125 Lafayette Av.
20. FILED JAN 13 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1935
22. I HEREBY CERTIFY, That I attended deceased from 10/9, 1932 to 1/10, 1935
I last saw her alive on 1/10, 1935 Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:
Chr. valvular heart disease (aortic & mitral) Coronary artery disease
Date of onset
Other contributory causes of importance:
aortic thrombosis with gangrene both legs
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? No
If so, specify
(Signed) Jean J. Merz, M. D.
(Address) 5900 Marwinette