

MAR 1 5 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6918

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

St. Paul Hospital

File No.....

1324

Registered No.....

St..... Ward.....

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

201 N. Bonimiston

St.,

N. P. Ward.

Clayton Mo

(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

F

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

Dr. Wm. A. Sims

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

Dec 11, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

72

81

2425

OCCUPATION

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

Housewife

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)

Iowa

FATHER

13. NAME

Granville M. E. Clouch

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

MOTHER

15. MAIDEN NAME

Martha Merrett

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

17. INFORMANT

(ADDRESS)

Mrs. Lloyd A. Cruggs

18. BURIAL, CREMATION, OR REMOVAL

Buried in M. E. Church

19. UNDERTAKER

(ADDRESS)

LOUIS H. BOPP

Ridgwood Mo.

20. FILED

FEB - 7 - 1935

J. F. Bredeck

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2-6

1935

22. I HEREBY CERTIFY. That I attended deceased from

2-2-

1935

to

2-6-

1935

I last saw him alive on

2-6-

1935

Death is said

to have occurred on the date stated above, at

8 P. m.

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

Broncho Pneumonia

Date of onset

2/5/35

Other contributory causes of importance:

No

1/31/35

Name of operation

Date of

What test confirmed diagnosis?

Physic

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

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)

(Address)

J. H. Hale, M. D.

Roosevelt Bldg.

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.

THIS IS A PERMANENT RECORD

