

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

Do not use this space.

MAY 24 1935

12463

1. PLACE OF DEATH

County Franklin Registration District No. 294
Township Central Primary Registration District No. 5409B
City St. Clair (No. _____) St. _____ Ward _____

2. FULL NAME

James William Clatterbaugh
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) St. Clair (If non-resident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. 11 mos. _____ ds. How long in U. S., if of foreign birth 89 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 28 - 1882</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>7</u>
	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>	
	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) Don't know

FATHER 13. NAME Don't know

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

MOTHER 15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Chas. Walden

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair DATE April 27, 1935

19. UNDERTAKER (ADDRESS) Wm. Casey

20. FILED May 7, 1935 Walden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24-35

22. I HEREBY CERTIFY, That I attended deceased from 3/1-35 to 4/24-35. I last saw him alive on 4/22-35. Death is said to have occurred on the date stated above, at 6 P.M.

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

Acute Stenosis
AAA

Other contributory causes of importance: _____

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? Yes

If so, specify W. E. Mitchell, M. D.
(Signed) _____ (Address) St. Clair, 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.

MISSOURI STATE BOARD OF HEALTH - DEPARTMENT RECORD

