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.

JUN 4 1935

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

Do not use this space.

14159

1. PLACE OF DEATH

County St. Louis — Registration District No. 785 — File No.

Township Bonhomme — Primary Registration District No. 6031 — Registered No. 70

City Valley Park (No. Meramec Station rd and Marshall ave. St. Ward)

2. FULL NAME Clarence Dall

(a) Residence, No. Valley Park, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/18/1902

7. AGE: YEARS 32 — MONTHS 5 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: restaurant
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): Cape Girardeau Mo.

FATHER

13. NAME: Christ Dall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

MOTHER

15. MAIDEN NAME: Mary Lance
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fredericktown, Mo

17. INFORMANT (ADDRESS): Almond Dall, Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Cem. DATE 4/10/1935, 19

19. UNDERTAKER (ADDRESS): C. Hoffmeister Co, 7514 S. Broadway

20. FILED 4/9 1935 Agnes C. Kelly Deptr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/8/1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7am.

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

Jacksonian epilepsy, for past three years. Died during night while in one of these epileptic seizures.

Date of onset

Other contributory causes of importance:

Name of operation: Coroner's view — Date of

What test confirmed diagnosis? — 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 ....., 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) Luke B. Turner, M. D. 4/8/35
(Address) 3718 Jennings Rd.
Coroner St. Louis, Co., Mo.