

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.

JUN 4 1935

14222

1. PLACE OF BIRTH  
 County St. Louis Co. Registration District No. 790  
 Township Central Primary Registration District No. 6933e  
 City Clayton (No. St. Louis County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Joyce Clubb  
 (a) Residence, No. 5407 Helen Ave., St. West Walnut Manor 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 - 1933

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>1</u>	<u>3</u>	<u>1</u>	

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

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) St. Louis, Mo

13. NAME William R. Clubb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Puxico, Mo

15. MAIDEN NAME Mildred Horn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrin, Ill

17. INFORMANT (ADDRESS) Mr. William R. Clubb  
5407 Helen Ave.

18. (BURIAL) CREMATION OR REMOVAL PLACE St. Peters DATE April 5, 1935

19. UNDERTAKER (ADDRESS) L. B. T. Baker  
6107 Natural Bridge Rd.

20. FILED 4/4 1935 Robt J. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-31-1935 to 4-3-1935.  
 I last saw her alive on 4-3-1935. Death is said to have occurred on the date stated above, at 8:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute (pyogenic) diffuse basilar meningitis. Date of onset \_\_\_\_\_

Other contributory causes of importance:  
W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) P. G. Bras M. D.  
 (Address) St. Louis Co. Hosp. Clayton, Mo.

