

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.

JUL 27 1935

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

Do not use this space.

20895

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City St. Louis

Registration District No. 785
Primary Registration District No. 3037
(No. 141 N. Washington Ave)

File No. _____
Registered No. 105
St. _____ Ward _____

2. FULL NAME

James D. Clarkson

(a) Residence, No. 141 N. Washington St., _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Rayna Clarkson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 19

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

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) Mo

13. NAME Gas D. Clarkson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME Clonia Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Rayna Clarkson (ADDRESS) 141 N. Washington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cata Hill Cem DATE 6-25-1935

19. UNDERTAKER Louis H. Bopp (ADDRESS) St. Louis

20. FILED 6/23 1935 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1935

22. I HEREBY CERTIFY That I attended deceased from June 14 1935 to June 23 1935. I last saw him alive on June 22nd 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Pneumonia (Rx Tabar)

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Typical sputum 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? no

If so, specify _____ (Signed) W. Alexander Smith M. D. (Address) W. Webster & Sons, Mo

OCT 23 1941