

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.

JUL 12 1935

21608

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... *St Louis 7MO* (No.), *Panthersville* St. Ward) (If nonresident, give city or town and State)

File No.
Registered No. **5606**

2. FULL NAME

Harry Clawson

(a) Residence, No. *1528 S. 11th* St. *23* Ward.

Length of residence in city or town where death occurred *8* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Linda Clawson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 6 1885*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<i>27</i>	<i>49</i>	<i>8</i>	<i>19</i>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Laborer*

10. Date deceased last worked at this occupation (month and year) *October 1930* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Ohio*

13. NAME *Albert Clawson*

14. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Sadie Kellin*

16. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Ohio*

17. INFORMANT *Harry C. Allen* (ADDRESS) *53rd Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Poplar Bluff* DATE *6-28* 1935

19. UNDERTAKER *Albert St. Hoff* (ADDRESS) *R 29 72 Gaylord*

20. FILED *J. Bredeck* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 25 1935*

22. I HEREBY CERTIFY, That I attended deceased from *July 1 1934* to *June 25 1935*

I last saw him alive on *June 25 1935*. Death is said to have occurred on the date stated above, at *4:30 p.m.*

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

General Pericarditis
Insane (Syphilitic)
Date of onset *7/1/34*

Other contributory causes of importance: *83*

Name of operation..... Date of.....
What test confirmed diagnosis? *Chemical* Was there an autopsy?.....

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) *Harry C. Allen*, M. D.
(Address) *53rd Arsenal*

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