

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

Do not use this space.

NOV 9 1935

**791
1003**

34123

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City Louis (No. St. Lukes Hospital)..... St. Ward)

File No.....
Registered No. 8544

2. FULL NAME

Clarence M. Lattimore
(a) Residence, No. 222 Husley Ave. St. NR Ward. Ferguson, Mo.
(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 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 Blanche Lattimore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1872 - May 6

7. AGE YEARS 63 MONTHS 5 DAYS 5 IF LESS than 1 day, hrs. or min.

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

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) Philadelphia Pa

13. NAME Daniel J. Lattimore

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

15. MAIDEN NAME Helen McKean

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Philadelphia Pa

17. INFORMANT Mr. Charles Lattimore
(ADDRESS) 222 Husley Ave., Ferguson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis Fairview Cem. DATE Oct. 12, 1935

19. UNDERTAKER W. K. Kov & Co.
(ADDRESS) 2407 N. Grand St.

20. FILED Oct 11 1935

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935 to Oct 11, 1935

I last saw him alive on Oct 10, 1935 Death is said to have occurred on the date stated above, at 3:34 p.m.

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

Coronary artery disease
LARYNX

Date of onset 1935

Other contributory causes of importance: 0.83
Bronchopneumonia
(Terminal)

Name of operation..... Date of.....
What test confirmed diagnosis? B. virus 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) I. Howard Althoff, M. D.
(Address) 307 N. Grand St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Thomas A. Rusk

3720 Washington