FEB 24 1936

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis Registration District No. 790 File No. 2869
Township Outer Primary Registration District No. 6033a Registered No. 34
City Clayton (No. St. Louis Co. Hosp. St. Ward)

2. FULL NAME Martha B. Clement
(a) Residence, No. 2413 Gaso ave. St., Ward. Overland, 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: Female
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) Feb. 16-1935

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
1	11	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) Overland, Mo.

FATHER
13. NAME Roy Clement
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsburg, Mo.

MOTHER
15. MAIDEN NAME Gracie Douglas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis, Tenn.

17. INFORMANT (ADDRESS) Roy Clement 2413 Gaso Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fleetfee DATE 1-27-1936

19. UNDERTAKER (ADDRESS) Baumann Bros Inc Overland, Mo.

20. FILED 1/27 1936 D. A. Sequoville Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-21-36, 19..., to 1-25-36, 19...
I last saw h. alive on 1-25-36, 19... Death is said to have occurred on the date stated above, at 4:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia Primary	

Other contributory causes of importance: Acute myocarditis

Name of operation ..... 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) Wm. E. Moore, M. D.
(Address) St. Louis County Hosp. Clayton, Mo.

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.