

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

Do not use this space.

MAR 17 1936

1910

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 120-  
Township \_\_\_\_\_ Primary Registration District No. 3099 File No. \_\_\_\_\_  
City Cape Girardeau (No. St. Francis Hospital) Registered No. 37 Ward \_\_\_\_\_

2. FULL NAME Willie Clemm

(a) Residence, No. Director, Mo. St. \_\_\_\_\_ Ward. Director, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 0 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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) June 4 - 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 8 1

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. habas  
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) Arkansas

13. NAME Willie Clemm

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

15. MAIDEN NAME Birdie Heron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osborne Co. Mississippi

17. INFORMANT (ADDRESS) Birdie Petty, Director, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Director, Mo. DATE Feb. 9, 1936

19. UNDERTAKER (ADDRESS) J. J. ... Director, Mo.

20. FILED 2-5-36 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1936, to 2/5, 1936

I last saw him alive on 2/5, 1936. Death is said to have occurred on the date stated above, at 3:10 P. m.

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

Cardio-Renah. Dis  
Ch. Cordiae Valvular  
Dis

Other contributory causes of importance:

Nephritis Ch

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ 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 \_\_\_\_\_, 1936

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) J. M. Thompson, M. D.  
(Address) Cape Girardeau

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.

JUN 12 1946