

MAY 19 1936

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

Do not use this space.

14368

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125

Township

Primary Registration District No. 3009City Cape Girardeau(No. S. E. Mo. Hospital)

File No.

Registered No. 111

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

John Wesley ClemsonWard. Dean

(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 OFMrs. Ella Clemson

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

July 2 - 1848

7. AGE

87

MONTHS

DAYS

8If LESS than 1 day, hrs.
or min.

OCCUPATION

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

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

None

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)Wresden, Tenn.

FATHER

13. NAME

Jonathan S. Clemson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)North Carolina

MOTHER

15. MAIDEN NAME

Lumega Fowler16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)North Carolina17. INFORMANT
(ADDRESS)Mrs. Georgia Williams

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oran, Mo.

DATE

4-11-3619. UNDERTAKER
(ADDRESS)Bisplingbell Und.

20. FILED

4-9-36J. M. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from

April 8, 1936 to April 9, 1936I last saw him alive on April 9, 1936. Death is saidto have occurred on the date stated above, at 2:30 p. m.

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

Double Lobar Pneumonia

Date of onset

4-5-36

Other contributory causes of importance:

Name of operation

no

Date of

What test confirmed diagnosis

clinical

Was there an autopsy

no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury

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

no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

C. W. Brown

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.

26