

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

1. Do not use this space.

1. PLACE OF DEATH **27. 1936**

County St. Louis  
Township \_\_\_\_\_  
City Clayton

Registration District No. 790  
Primary Registration District No. 6033<sup>2</sup>  
(No. 7755 Carondelet)

File No. 16843  
Registered No. 177  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Albert Wilson Clymer

(a) Residence, No. 7755 Carondelet St., \_\_\_\_\_ Ward \_\_\_\_\_

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Blanch Clymer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28 1851</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>11</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Plumber</u>		
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1936, to 4-30, 1936

I last saw him alive on 4-30, 1936. Death is said to have occurred on the date stated above, at 9:15 p.m.

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

Other contributory causes of importance:  
Chronic Myocarditis  
Acute Chlorine Intoxication  
leg.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris Tenn.</u>
13. NAME <u>Dudley Clymer</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris Tenn.</u>
15. MAIDEN NAME <u>Susan (unknown)</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>(unknown)</u>
17. INFORMANT <u>Mrs. S. B. Childress</u> (ADDRESS) <u>7755 Carondelet</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hiram Cemetery</u> DATE <u>May 4<sup>th</sup> 1936</u>
19. UNDERTAKER <u>C. R. Lupton &amp; Sons</u> (ADDRESS) <u>4449 Olive St.</u>
20. FILED <u>5/30</u> , 19 <u>36</u> <u>Dr. J. Squorelli</u> Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physical 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) A. E. Meador, M. D.  
(Address) 750 Central Ave Clayton Mo.

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.

Clayton, Mo