

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **5647 Chamberlain Ave.**)

32875

File No.....
Registered No. **8548**
St. _____ Ward)

2. FULL NAME **Joseph A. Clarkson**

(a) Residence, No. **5647 Chamberlain** St., **5** Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **XXXXXXXXXX**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 10th 1867**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 1 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Secretary Wm Clarkson**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Woolen Co**
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) **St. Louis Mo.**

FATHER 13. NAME **William Clarkson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Mary Morrison**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U. S. A.**

17. INFORMANT **Miss Agnes Clarkson** (ADDRESS) **5647 Chamberlain Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cent** DATE **Aug 18th 1936**

19. UNDERTAKER **Harrigan & Sheehan Und Co** (ADDRESS) **4415 Washington Blvd.**

20. **AUG 17 1936** Registrar **J. F. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 15th. 1936**

22. I HEREBY CERTIFY, That I attended deceased from **June 20 1930** to **Aug 15 1936**
I last saw him alive on **Aug 15 1936**. Death is said to have occurred on the date stated above, at **4:00 PM**
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
121
Date of onset _____

Other contributory causes of importance:
Chr. Parenchymatous nephritis

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 _____, 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) **Richard H. Fulwider, M. D.**
(Address) **4147 S. Grand.**

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.

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