

DEC 5 1933

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

Do not use this space.

1. PLACE OF DEATH
 County Madaway Registration District No. 623
 Township Washington Primary Registration District No. 5825
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME Henry William Clemens
 (a) Residence, No. _____ St. _____ Ward Lebanon, Mo
 (Usual place of abode) _____
 Length of residence in city or town where death occurred — yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

File No. 38513
 Registered No. 12

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ellen Seaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 - 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>7</u>	<u>26</u>	

OCCUPATION

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

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) Kentucky

FATHER

13. NAME Do not know

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

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Neely Banker

18. BURIAL, CREMATION OR REMOVAL PLACE Lebanon Mo DATE Oct 2 1936

19. UNDERTAKER (ADDRESS) C. C. Reynolds
Gulfport, Mo

20. FILED Oct 2, 1936 J. M. Milanich
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct - 2 1936 to Oct - 2 1936
 I last saw him alive on Oct - 2 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 10-2-36

Other contributory causes of importance:
Chronic Valvular disease of heart about 2 years ago

Name of operation none Date of _____
 What test confirmed diagnosis? Clu. P. Ct. 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. D. Barnett, M. D.
 (Address) Gulfport, Mo

MARGIN RESERVED FOR BINDER

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.

V. No. 2

