

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saint LouisRegistration District No. 1123File No. 13581Township CarondeletPrimary Registration District No. 6248BRegistered No. 141City Jefferson Barracks(No. Veterans Administration Facility Ward)2. FULL NAME Clarence POOLE(a) Residence, No. Route #1, Downing, Mo. St., Unkn. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

Unkn.

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)

Single

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

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

February 15, 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

60116

OCCUPATION

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

Farmer

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

Unknown10. Date deceased last worked at this occupation (month and year) Oct. 193511. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Downing, Missouri

13. NAME

John W. Poole

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

Unknown Unknown

MOTHER

15. MAIDEN NAME

Mary C. Munsell

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

Downing, Missouri

17. INFORMANT (ADDRESS)

Clinical Clerk M. Schelley VAF Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Downing, Mo. DATE March 31, 1937

19. UNDERTAKER (ADDRESS)

C. Hoffmeister U. & L. CO. 7814 S. Broadway

20. FILED

March 31, 19J. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 193722. I HEREBY CERTIFY, That I attended deceased from March 11, 1936 to March 31, 1937I last saw him alive on March 31, 1937 Death is saidto have occurred on the date stated above, at 3:20A.m.

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

CARCINOMA, descending colon with intra-abdominal metastasis.

Date of onset

2 yrs.

Other contributory causes of importance:

Dysentery, amoebic, chronic, intestinal obstruction.1898

Phy. clinical manif. and laboratory

Name of operation None Date ofWhat test confirmed diagnosis? 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?

If so, specify Heart Disease(Signed) C. W. HUGHES, M. D. Chief Med. Officer, M. D.(Address) VAF Jefferson Barracks, 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.

