

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

Do not use this space.

18879

JUN 12 1937

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Ray

Primary Registration District No. 1002

City Kansas City

(No. 1022, Birmingham)

File No. _____

Registered No. 3100

St. _____ Ward _____

2. FULL NAME William H. Clemmons

(a) Residence, No. 1022 Birmingham St., _____ Ward _____

(Usual place of abode)

(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? None 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>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Matilda Horst</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22, 1868</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>5</u>	DAYS <u>10</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Clayton</u>			
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Milton, Ill.</u>				
FATHER	13. NAME <u>Henry Clemmons</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
MOTHER	15. MAIDEN NAME <u>unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT (ADDRESS) <u>Hugh Clemmons 1022 Birmingham</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>May 5, 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Attalus Kemo</u>				
20. FILED <u>May 4, 1937</u> M. M. <u>Crowder</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to May 2, 1937
I last saw him alive on May 1, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cortic Renegeneration and acute nephritis

Other contributory causes of importance: 92a

Name of operation _____ 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) G. J. Foster, D.O., M. D.
(Address) 315 Lee Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

