

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Macou 3 Registration District No. 528 File No. 27721
Township Callow Primary Registration District No. 5704 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Clarence Arvid Pool

(a) Residence, No. _____ 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Josie Pool
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 - 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 4 0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hubb Marshland
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) Illinois
13. NAME John Pool
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macou Co MO
15. MAIDEN NAME Martha Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
17. INFORMANT Mrs Josie Pool
(ADDRESS) Callow Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Home DATE July 13, 1937
19. UNDERTAKER Raymond Perry
(ADDRESS) Callow Mo
20. FILED July 13, 1937 J. B. Barry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1937
22. I HEREBY CERTIFY That I attended deceased from July 11, 1937 to July 11, 1937
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ P. M.

The principal cause of death and related causes of importance were as follows:
Suicide by shooting himself with a 32 Remington

Other contributory causes of importance: 101
a sufferer of Hemorrhoid & Clotting from May

Name of operation none Date of _____
What test confirmed diagnosis? Obituary Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury July 11, 1937
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 Shot in Right Temple

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Co. West Coroner, M. D.
(Address) New Douglas 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.

