SEP 10 1937

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

Do not use this space.

29239

1. PLACE OF DEATH Homer G Phillips Hospital

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2601, N Whittier St. ..... Ward)

File No. .....

Registered No. 7872

2. FULL NAME Nathaniel Clemons

(a) Residence, No. 3124 Pine St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1895

7. AGE: Years 42, Months 6, Days 16, If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

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) Louisiana

FATHER

13. NAME Henry Clemons

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

MOTHER

15. MAIDEN NAME Luna Moore

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

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem DATE 8/24/ 37

19. UNDERTAKER Ellis Funeral Home.
(ADDRESS) 2820 Stoddard St

20. Filed AUG 21 1937 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 19 37

22. I HEREBY CERTIFY, That I attended deceased from July 14, 19 37, to Aug. 18, 19 37
I last saw him alive on Aug. 18, 19 37. Death is said to have occurred on the date stated above, at 2:10 a.m. p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | 7/14/37 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? yes

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) A. L. Lewis, M. D.
(Address) 2601 N Whittier

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.

243
31
31