

NOV 15 1937

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

35783
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City (d) Street No. **2608 Baldwin** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S.; if of foreign birth? yrs. mos. ds.

Registered No. **9360**

2. PRINT FULL NAME **Kittie Clemmons**

(a) Residence, No. **2608 Baldwin** St. **20**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Ca C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 15 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 7 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Inf.**
9. Industry or business in which work was done, as 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) **Grand Junction Tenn**

FATHER 13. NAME **Eden Dorch**

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

MOTHER 15. MAIDEN NAME **Mary Halt**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known Tenn**

17. INFORMANT **Rosa Czigland**
(ADDRESS) **2608 Baldwin**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **10-7** 1937

19. FUNERAL DIRECTOR **A. D. Theardson**
(ADDRESS) **2600 N. Jefferson**
J. T. Bredeck
Local Registrar.

20. FILED **100** 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-3** 1937

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 14** 1937, to **Oct. 2** 1937
I last saw h. **alive on Oct. 2** 1937 Death is said to have occurred on the date stated above, at **10:20 P. M.**
The principal cause of death and related causes of importance were as follows:

**Bronchopneumonia
chronic myocarditis
hypertension**

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **clin.** 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 **no a. humbler** M. D.
(Signed) **2335 Franklin**
(Address)

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.

899 20

STATEMENT BY LICENSED EMBALMER

I, A. D. Richardson

Licensed Embalmer No. 2928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed A. D. Richardson

Licensed Embalmer No. 2928

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)