DEC 28 1937

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

Do not use this space.

File No. 42477

Registered No. 437

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 B

City ~~Jefferson Barracks~~ (No. Veterans Facility St. Ward)

96

2. FULL NAME Allie Thomas CLICK

(a) Residence, No. St., Ward. R. #1, Valley Park, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 31, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	42	9	4	

OCCUPATION

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

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) July, 1937 — 11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (CITY OR TOWN) Paris, (STATE OR COUNTRY) Texas.

FATHER

13. NAME Thomas Click

14. BIRTHPLACE (CITY OR TOWN) Paris, (STATE OR COUNTRY) Texas.

MOTHER

15. MAIDEN NAME Ida Thomas

16. BIRTHPLACE (CITY OR TOWN) Paris, (STATE OR COUNTRY) Texas.

17. INFORMANT Clinical Clerk M. Schilling (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Nov. 8, 1937

19. UNDERTAKER C. Hoffmeister U. & L. C. (ADDRESS) 7814 S. Broadway

20. FILED Nov. 8, 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1937, 19..., to November 5, 1937

I last saw him alive on November 5, 1937. Death is said to have occurred on the date stated above, at 7:20 ~~P.M.~~ AM

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

	Date of onset
Pyonephrosis and Nephrolithiasis, right.	4 yrs
Other contributory causes of importance: Anemia, secondary, severe	4 yrs.

Name of operation Nephrectomy Date of 11-4-37

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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

(Signed) C. W. HUGHES, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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