

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

Do not use this space.

2361

1. PLACE OF DEATH
 County Cedar Registration District No. 163
 Township _____ Primary Registration District No. 4095
 City Eldorado Springs No. _____ St. _____ Ward _____

2. FULL NAME Wilburn Lee Clemings 455
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-1-1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>18</u>	<u>3</u>	<u>2</u>	

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

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) Kansas

FATHER
 13. NAME R. J. Clemings
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Bessie O Moore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT R. J. Clemings
 (ADDRESS) Eldorado Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo DATE 1-5-1938

19. UNDERTAKER Grim-Siders
 (ADDRESS) Eldorado Springs, Mo

20. FILED 1-4-1938 W. Dawson
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-3-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1938, to Jan 3 1938.
 I last saw him alive on Jan 3 1938. Death is said to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:
Coronary embolism

Other contributory causes of importance: 945

RECEIVED
FEB 23 1938

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

Name of operation _____ Date of _____
 What test conducted for diagnosis? _____ 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? no
 If so, specify _____
 (Signed) C. H. Underwood
 (Address) El Dorado Springs, Mo.

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

W. Dawson

