REC'D JUL 11 1938

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

Do not use this space.

22189

1. PLACE OF DEATH
County: Jefferson
Township: Meramec
City: (No. St Josephs Hill Infirmary St. Ward)

Registration District No. 476
Primary Registration District No. 5580
File No. 11
Registered No. 75

2. FULL NAME John Cliff
(a) Residence, No. St. Josephs Hill Infirmary St. Eureka, Mo. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 4 mos. 20 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 (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/8/1879

7. AGE: Years 58 | Months 8 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
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) 8
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Indiana

FATHER
13. NAME Hiram Cliff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind.

MOTHER
15. MAIDEN NAME Mary —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind.

17. INFORMANT (ADDRESS) St. Josch's Hill Infirmary By Brother Bonaventure

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Josephs Hill Eureka Mo DATE 6-17 1938

19. UNDERTAKER (ADDRESS) Scheye Bros Catawisa Mo

20. FILED 6/15 By James A Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15 1938

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1938, to June 15, 1938. I last saw him alive on June 15, 1938. Death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Jesse S. Sargent, M. D.
(Address) Eureka Mo.