

AUG 29 1928

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 789File No. 25012Towaship CentralPrimary Registration District No. 692/38Registered No. 233City Overland

(St. \_\_\_\_\_ Ward)

## 2. FULL NAME

Clint C. De Garmo(a) Residence. No. 124 Marion Ave 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

## 3. SEX

M

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Maud De Garmo

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 19-1899

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

29101

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Street Car Conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

Public Service Co.

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 10. NAME OF FATHER

Sam. P. De Garmo

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 12. MAIDEN NAME OF MOTHER

Alvira Chapman

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

## 14.

INFORMANT

(Address)

Everett De Garmo4746 Kensington AveSt. Louis Mo.

## 15.

FILED

7/22

1928

25

Apele

Gray

N.E.

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 20 1928

## 17.

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 6 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Suicide by strychnine poisoning

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

If NOT AT PLACE OF DEATH

## 19. DID AN OPERATION PRECEDE DEATH?

DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Louis H Bopp

July 20, 1928

(Address) 131 Argonne Kirkwood Mo

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Bellflower MoJuly 22, 1928

## 20. UNDERTAKER

## ADDRESS

Louis H BoppKirkwood Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

