MAR 28 1960

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

Do not use this space.

~~2026~~

File No. 29299-B

Registered No. .....

29299-B

1. PLACE OF DEATH

County New Madrid — Registration District No. 1345

Township Big Prairie — Primary Registration District No. 38

City 6 mi N New Madrid (If not in corporation, ... St. ..... Ward)

2. FULL NAME Thelma Clemons

(a) Residence. No. ..... St., ... Ward. Adams Ville Tenn
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22-1925

7. AGE: 1 YEARS, 5 MONTHS, 3 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Adams Ville
(STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER George W. Clemons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jack Co
(STATE OR COUNTRY) Texas

12. MAIDEN NAME OF MOTHER Adrin Cooksey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) McNay
(STATE OR COUNTRY) Tenn

14. INFORMANT George W Clemons
(Address) Adams Ville Tenn

15. FILED ....., 19.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1926

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1926, to Sept 24, 1926 that I last saw her alive on Sept 24, 1926, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diarrhea

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. F. Waters, M. D

Sept 25, 1926 (Address) Sikeston

*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: Adams Ville Tenn

DATE OF BURIAL: Sept 26 1926

20. UNDERTAKER: John Albritton

ADDRESS: Sikeston Mo

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

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH. County: New Madrid Registration District No.: 345 File No.:
Township: Big Prairie Primary Registration District No.: 5800 Registered No.:
City: Ward (If in a City or Town, give Ward and Street)

2. FULL NAME: Thelma Clemons
(a) Residence. No. ..... St. ..... Ward. ..... Adamsville, Tenn.
(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. 10 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 22, 1925

7. AGE: Years 1 | Months 5 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Adamsville
(STATE OR COUNTRY): Tenn.

PARENTS
10. NAME OF FATHER: George W. Clemons
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dyer Co.
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Bell Dockery
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mc Nairy
(STATE OR COUNTRY): Tenn.

14. INFORMANT: George W. Clemons
(Address): Adamsville Tenn.

15. FILED: 2/28, 1930 D. C. Chiles, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 25 1926

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1926, to Sept 24, 1926, that I last saw h. alive on Sept 24, 1926 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diarrhea
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
Sept 25, 1926 (Signed) J. F. Waters, M. D.
(Address) Liberton

*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: Adamsville Tenn. DATE OF BURIAL: Sept 26 1926
20. UNDERTAKER: John Albritton ADDRESS: Liberton Mo.

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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