

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

Do not use this space.

1096-25
8

1. PLACE OF DEATH
 County Howell Registration District No. 3821
 Township _____ Primary Registration District No. 4227
 City West Plains, MO (No. 5) St. _____ Ward _____

2. FULL NAME Wm. J. Clemmons
 (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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Ma
 4. COLOR OR RACE Wht
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

15. DATE OF DEATH (MONTH, DAY AND YEAR) 1-13th 1931
 17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw him alive on _____ 19____, and that death occurred, on the date stated above, at _____ p. m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 74

CONTRIBUTORY (SECONDARY) Not known
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Chrical
 (Signed) J. W. Bingham, M. D.
 1-16-1931 (Address) West Plains, Mo.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Inmate of Co., Farm
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Weekly County
 (STATE OR COUNTRY) Tennessee

10. NAME OF FATHER J. J. Clemmons
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Susan Lawrence
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) unknown

14. INFORMANT T. D. Clemmons
 (Address) West Plains, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL County Farm DATE OF BURIAL 1-14 1931

15. FILED 1-16-31 O. P. A. Henrich
 REGISTRAR

20. UNDERTAKER McFarlands ADDRESS West Plains, m

K. 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.

APR 3 1931

