

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

Do not use this space.

28149

**1. PLACE OF DEATH**

97

County Saline  
Township Cambridge  
City State No. \_\_\_\_\_

Registration District No. 799  
Primary Registration District No. 6037B

File No. \_\_\_\_\_  
Registered No. 3231 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

David Edward Clements

(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**

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) 3-29-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 4 22

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

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) Saline Co, Mo

13. NAME John Clements

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co, Mo

15. MAIDEN NAME Jessie Mae Elliott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Mo

17. INFORMANT Mrs. Wm Clements (ADDRESS) State Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE 8/22 1932

19. UNDERTAKER Hill Brothers (ADDRESS) State Mo

20. FILED Aug 22 1932 W M Little Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21 1932

I HEREBY CERTIFY, That I attended deceased from July 7 - 1932 to 8-21 1932

I last saw him alive on 8-21 - 1932 Death is said

to have occurred on the date stated above, at 6-9 a.m.

The principal cause of death and related causes of importance were as follows:

Drouchis Pneumonia Date of onset \_\_\_\_\_  
left lung  
210 M  
107 A  
118

Other contributory causes of importance:  
Auto accident June 26 32  
Comp fracture right lung

Name of operation Rob resection Date of \_\_\_\_\_

What test confirmed diagnosis fluor Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Auto accident Date of injury 6-26-32

Where did injury occur? # 20 H Way near Marshall (Specify city or town, county, and State) Mo

Specify whether injury occurred in industry, in home, or in public place Mo

Manner of injury no 20 Highway near Marshall Mo

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W E Peterson, M. D.

(Address) State Mo



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Saline  
Township Cambridge  
City Cambridge (No. \_\_\_\_\_)

Registration District No. 799  
Primary Registration District No. 6037B

File No. \_\_\_\_\_  
Registered No. 31  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Claud Edward Clemente

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S. (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1932

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

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

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

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

The principal cause of death and related causes of importance were as follows:

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

Bacterial Pneumonia  
Left Lung (Date of onset \_\_\_\_\_)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

210 217

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

Other contributory causes of importance:  
Auto accident June 26, 32  
Emphysema right lung

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Autopsy Date of 7/24/32  
What test confirmed diagnosis Clinical Was there an autopsy? None

13. NAME

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide. Auto accident Date of injury 7/26, 1932  
Where did injury occur? #20 Hwy near Marshall  
(Specify city or town, county, and State)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.  
no 20 Highway near Marshall

15. MAIDEN NAME

Manner of injury no  
Nature of injury no

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

(Signed) \_\_\_\_\_, M. D.

20. FILED Sept 6, 1932 W. M. Little  
Registrar

(Address) \_\_\_\_\_

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

CAUTION: IF DEATH IN plain terms, so that it may be properly classified.

Clarence Edward Clemens. (Deceased) was seated  
in the car as the driver aids operating  
car. Suddenly the light went out and the  
car crashed into cutment of a bridge  
producing pain suffered & described  
in Physicians Report

A. E. Lockwood

S-28149