

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township Highland Primary Registration District No. 3009
 City Marble City Heights (No. Marble City Heights) St. _____ Ward _____

2. FULL NAME Lillie Clemmons
 (a) Residence, No. Marble City Heights St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Clemmons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23 - 1902</u>		
7. AGE YEARS <u>31</u>	MONTHS <u>11</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>		
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) <u>Picking, Alabama</u>		
13. NAME <u>Robert Easton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown, Alabama</u>		
15. MAIDEN NAME <u>Nancy Tate</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown, Mississippi</u>		
17. INFORMANT (ADDRESS) <u>Charles Clemmons, Cape Girardeau, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairmont Cem.</u> DATE <u>4-26</u> , 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Haman's Funeral Home, Cape Girardeau, Mo.</u>		
20. FILED <u>4/26</u> , 19 <u>34</u> <u>J. M. Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22 - April 22, 1934, to April 22, 1934.
 I last saw her alive on April 22, 1934. Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia 4-14-34 Date of onset _____

Other contributory causes of importance:
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Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) W. A. Schwen, M. D.
 (Address) Cape Girardeau, Mo.

