

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

1003

File No. **18683**

Township.....

Primary Registration District No. **5177**

Registered No. **5177**

City **St. Louis** (No. **City**)

Ward **23**

St. Ward

2. FULL NAME

(a) Residence, No. **1316**
(Usual place of abode) **St. 14th**

Ward **23**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **0** yrs. **1** mos. **23** ds.

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M**

4. COLOR OR RACE **W**

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) **March 9 1934**

7. AGE

YEARS **0**

MONTHS **1**

DAYS **23**

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) **St. Louis Mo**

13. NAME **Ray Clinie**

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

15. MAIDEN NAME **Emily Kline**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

17. INFORMANT (ADDRESS) **Harvey J. McLeod City of St. Louis**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **City Field** DATE **5-25-34**

19. UNDERTAKER (ADDRESS) **Edw. J. Anderson City of St. Louis**

20. FILED **23**

19 **34**

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Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/2** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **4/2** 19**34** to **5/2** 19**34**

I last saw ~~him~~ alive on **5/2** 19**34** Death is said

to have occurred on the date stated above, at **11:20** a.m.

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

Broncho-pneumonia

Date of onset **4/25**

Other contributory causes of importance: **1070**

Name of operation.....

Date of.....

What test confirmed diagnosis **Autopsy**

Was there an autopsy? **yes**

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?.....

If so, specify

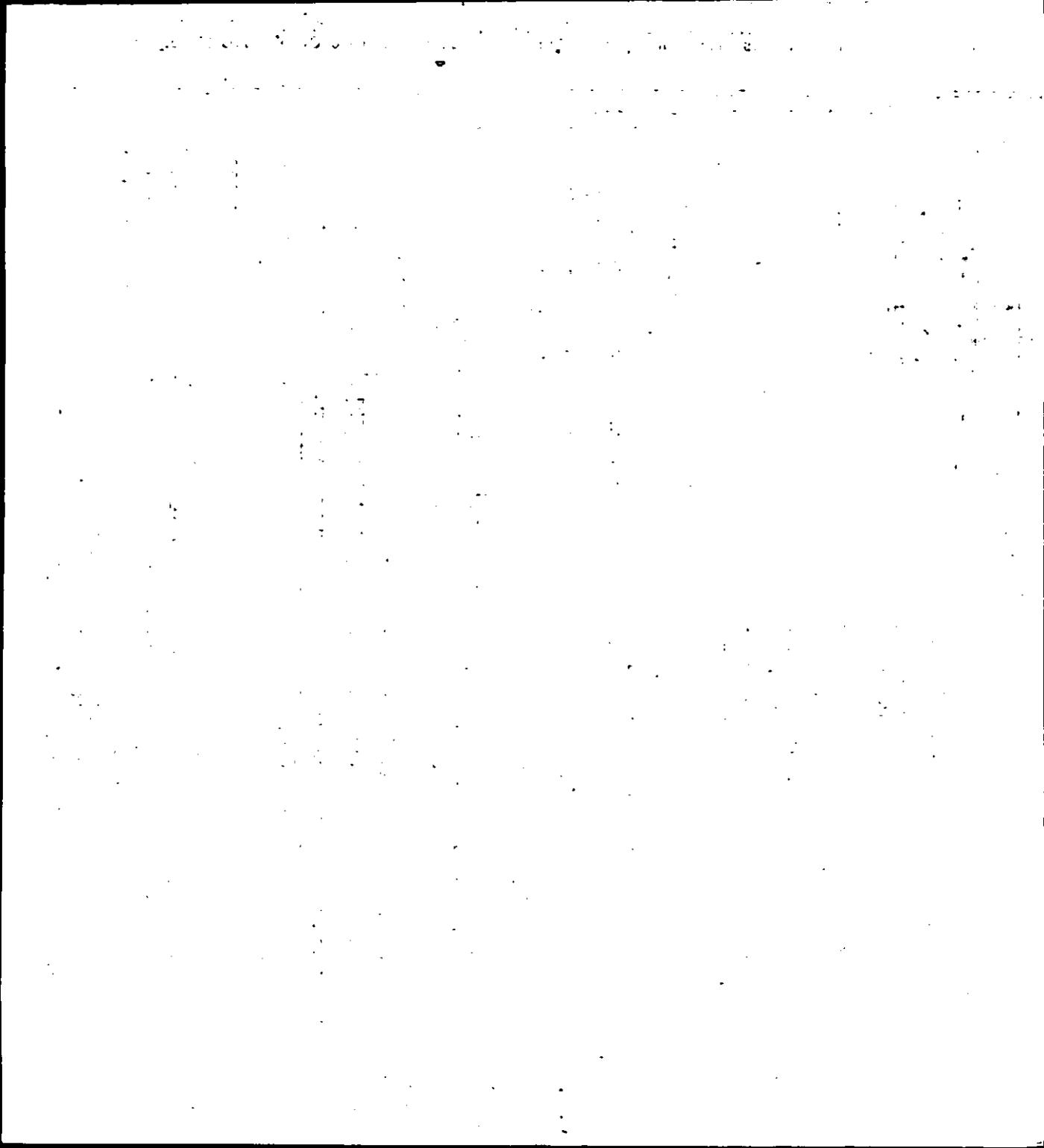
(Signed) **W. J. Qualtrough**, M. D.

(Address) **City of St. Louis**

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.

JUN 19 1934

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#2

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

WASHINGTON

18683

5177

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ray Clone
Who died at City Hosp on May 2 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, ~~married~~, ~~widowed~~ or ~~divorced~~: _____

Date of birth _____ Age: Years 0 Months 1 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 10 Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Broncho pneumonia Primary
no other cause

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. J. Brebeck 8-30-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Very truly yours,
E. J. Mc Gaugh M.D.
E. J.

Primary Reg. Dist. Co. 1003

Special Agent.

1934

S-18683