

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

Do not use this space.

MAR 2 1935

3877

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
 Township _____ Primary Registration District No. 6248 B Registered No. 35
 City Jefferson Barracks (No. Veterans Administration Facility) St. _____ Ward _____

2. FULL NAME Clyde H. Corey

(a) Residence, No. Rolla, Missouri St. _____ Ward. Rolla no
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Un yrs. kno mos. wn 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Corey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 11, 1890
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 44 4 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable
 10. Date deceased last worked at this occupation (month and year) Unavailable 11. Total time (years) spent in this occupation Unavail

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

FATHER 13. NAME William A. Corey

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

MOTHER 15. MAIDEN NAME Unavailable

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

17. INFORMANT W. C. GIBSON, M.D.
 (ADDRESS) Vet. Adm. Facility, Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla, Mo. DATE 1-22 1935

19. UNDERTAKER C. Hoffmeister Und. & Liv. Co.
 (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED Jan 22, 1935 G. Mowry
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1935
 22. I HEREBY CERTIFY, That I attended deceased from January 4, 1935, 1935, to January 22, 1935.
 I last saw him alive on January 22, 1935 Death is said to have occurred on the date stated above, at 3:10 a. m.
 The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic active, far advanced. Date of onset unkn.
 Other contributory causes of importance: Bilateral Emphysema, lower lobe, both lungs.

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes.
Physical and x-ray findings.

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. C. GIBSON, M.D. Officer, Vets. Adm. Facility, Jeff. Brks., Missouri
 (Address) _____

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.

THIS IS A PERMANENT RECORD

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