SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township Concord
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 653
Primary Registration District No. 5865

File No. 31406
Registered No. 78

2. FULL NAME Clea Palmer

(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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1936

7. AGE YEARS 1 MONTHS 1 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mycola, mo.

FATHER
13. NAME Robert Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) miss

MOTHER
15. MAIDEN NAME Lillie B. Chauncey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

17. INFORMANT (ADDRESS) Mother Lillie B. Chauncey

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concord Mo DATE 8-10-1937

19. UNDERTAKER (ADDRESS) Friends & neighbors

20. FILED 8-10 1937 J. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, to Aug. 10, 1937
I last saw him alive on July 24, 1937. Death is said to have occurred on the date stated above at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Colitis

Date of onset

119 B

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? S&S 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) A. H. Shirley, M. D.
(Address) Hayti, Mo.

NB. Every item of information should be carefully supplied. ROD 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.