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

9421
Do not use this space.

1. PLACE OF DEATH APR 11 1938

(a) County ..... Registration District No. 781

(b) Township ..... Primary Registration District No. 1003 Registered No. 3010

(c) City St. Louis, Mo. (d) Street No. 2740a Clark Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Clanton 453

(a) Residence, No. South Kinloch Park, Missouri St. nR
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/12/1890

7. AGE: 47 YEARS | MONTHS: 9 | DAYS: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroad Car
9. Industry or business in which work was done, as saw mill, bank, etc. Cleaner
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Mississippi

FATHER
13. NAME Mose Clanton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER
15. MAIDEN NAME Janiena Clanton,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Mary Hayden, sister 2740a Clark Avenue,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wash. Park Cem. DATE 3/30/38, 19

19. FUNERAL DIRECTOR (ADDRESS) Boyd Brothers Funeral Home, 3704 Finney Avenue.

20. FILED MAR 30 1938 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/24, 1938, to 3/26, 1938
I last saw him alive on 3/26, 1938. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, Chron Interstitial	about 6 mos
Other contributory causes of importance: Myocarditis	about 3 mos

Name of operation No Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) D. E. T. Taylor, M. D.
(Address) 3136 Chauteau

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Louis C. Atkins; Licensed Embalmer No. 2842

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Louis C. Atkins

Licensed Embalmer No. 2842

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)