REC'D JUN 24 1938

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

19378

Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois
(b) Township Perry
(c) City Bonne Terre
Registration District No. 775
Primary Registration District No. 6030-A. Registered No. 41
(d) Street No. Bonne Terre Hospital 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. da.

2. PRINT FULL NAME Francis Howard Clamme 455
(a) Residence, No. Farmington, Mo. St.
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-10-38

7. AGE: Years | Months: 0 | Days: 0 | If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as 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): Bonne Terre, Mo.

FATHER
13. NAME: Harold Clamme
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis, Mo

MOTHER
15. MAIDEN NAME: Loretta Bowyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington, Mo

17. INFORMANT: Harold Clamme
(ADDRESS) Farmington, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: K. of P. DATE: 5/11 1938

19. FUNERAL DIRECTOR: Nudell Funeral Co
(ADDRESS) Farmington, Mo

20. FILED: May 10, 1938
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to May 10, 1938
I last saw him alive on May 10, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	
Complicating Coma	
Patient died in	
Phys. delivery	

Other contributory causes of importance:

Name of operation: Cesarean 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) [illegible], M. D.
(Address) Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

19378
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1. PLACE OF DEATH
(a) County St Francois — Registration District No. 772
(b) Township — Primary Registration District No. 60 SOA — Registered No.
(c) City Bonne Terre — (d) Street No. ..... 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 Francis Howard Clannin
(a) Residence, No. Farmington Mo St. ☐
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ... hrs. or 0 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as 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) Bonne Terre Mo

FATHER
13. NAME Harold Clannin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER
15. MAIDEN NAME Loretta Bonneyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo.

17. INFORMANT (ADDRESS) Harold Clannin

18. BURIAL, CREMATION, OR REMOVAL
PLACE K of P. DATE 5-11 1938

19. FUNERAL DIRECTOR (ADDRESS) Neidert Undt. Co Farmington Mo

20. FILED May 10 1938 M. W. Hawkins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10 1938, to May 10, 1938
I last saw him alive on May 10, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	
Compression of cord Mont head in forceps delivery	

Other contributory causes of importance:

Name of operation ~~Clinical~~ Clinical 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) K. A. Appleberry, M. D.
(Address) Farmington Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.