

WED AUG 10 1938

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

25857  
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 516  
(b) Township Wheeling Primary Registration District No. 5682 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 Maria Clem 450 415

(a) Residence, No. Wheeling 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 female 4. COLOR OR RACE White 5. SINGLE-MARRIED, WIDOWED, OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED WIFE OF James B. Clem  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1848  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 | 11 | 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper  
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) Cincinnati 1  
(STATE OR COUNTRY) Ohio

FATHER 13. NAME William Koyle 5  
14. BIRTHPLACE (CITY OR TOWN) Ireland 0  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Bridget Crane  
16. BIRTHPLACE (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

17. INFORMANT Cornelia E. Collins  
(ADDRESS) Wheeling Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wheeling DATE July 28 1938

19. FUNERAL DIRECTOR Smiley Funeral Home  
(ADDRESS) Wheeling Mo

20. FILED July 29 1935 Mrs. L. Boone  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1938

22. I HEREBY CERTIFY That I attended deceased from July 19 1938 to July 27 1938  
I last saw him alive on July 24 1938. Death is said to have occurred on the date stated above, at 11 A.M.

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

Chronic Myocarditis  
93C  
Other contributory causes of importance: General Atherosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Donald M. Powell M. D.  
(Address) Chillicothe Mo.

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.

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**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 with the above constitutes grounds for revocation of license.)**