REC'D SEP 16 1938

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

29717
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps
(b) Township
(c) City Rolla
(d) Street No. 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. ds.

Registration District No. 677
Primary Registration District No. 4403
Registered No. 108

2. PRINT FULL NAME Judith Rhea Clements 455
(a) Residence, No. Legoma Star Rolla Mo.
(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 F.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1938
7. AGE YEARS — MONTHS 4 DAYS 13 If LESS than 1 day, ...hrs. or ....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) Centerville Mo.

FATHER
13. NAME Chas. Clements O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo. O

MOTHER
15. MAIDEN NAME Audry Clary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

17. INFORMANT (ADDRESS) Chas Clements Rolla

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rhea DATE Aug 21 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nell Don Rolla Mo

20. FILED Aug 21, 1938 Jos. F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1938, to Aug 20, 1938
I last saw her alive on Aug 20, 1938. Death is said to have occurred on the date stated above, at 4:30 p m.
The principal cause of death and related causes of importance were as follows:

Bronch-pneumonia — Date of onset Death Pneu

107 p

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? Physical 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) S L Mitchell, M. D.
(Address) Rolla Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Personally

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed S. L. Nuell

Licensed Embalmer No. 3397

P. O. Address Rolla Mo.

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.)

If this body is not embalmed, above space should be left blank.