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.

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

829
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 829
(c) or City St. Louis, Mo. (d) Street No. 1404 Glasgow Ave 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 Virgel Homer Claybourne
(a) Residence, No. 1404 Glasgow Ave St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Claybourne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS About 46 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Florence, Ala.

FATHER
13. NAME George Washington Claybourne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Ala.

MOTHER
15. MAIDEN NAME Elvira Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Ala.

17. INFORMANT (ADDRESS) Nellie Claybourne
1404 A. Glasgow Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Florence, Ala DATE Jan. 27th 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. L. Beal Und Co 2724 Lucas Ave

20. FILED JAN 27 1939 J. F. Bridick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21/39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:00 P.M. m.
The principal cause of death and related causes of importance were as follows:

Internal Haemorrhage and stabound of the Mesentery and right Kidney at the hands of one Betty Lee Perryman (Col.) in self defense at 2819 Cass Avenue, about 4:00 P.M. Jan, 21, 1939.

Date of onset

Other contributory causes of importance:

JUSTIFIABLE HOMICIDE

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 1/21/1939
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury See Above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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, ~~or by~~ ——

....., ~~Registered Apprentice~~ No.....

~~working under my personal supervision~~.

Signed G. Swatson

Licensed Embalmer No. 26 [illegible]

P. O. Address 2769 Choubac

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

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