

Handwritten: *Handwritten*

SEP 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County *St. Francois*
Township *Presy*
City *Camden Mo*

Registration District No. *775*
Primary Registration District No. *6040*

File No. *30596*
Registered No. *61*
St. _____ Ward)

2. FULL NAME

Clinton Eugene Black

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 27 1934*
22. I HEREBY CERTIFY that I attended deceased from *May 21 1934* to *May 27 1934*
I last saw *him* alive on *Aug 26 1934* Death is said to have occurred on the date stated above at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 21 1934*
7. AGE YEARS MONTHS DYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 6

The principal cause of death and related causes of importance were as follows:
Intra-cranial Hemorrhage

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:
None
Name of operation *None* Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *No*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bonne Terre Missouri*

FATHER 13. NAME *Melvin Casey Black*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Siluda Springs Missouri*

MOTHER 15. MAIDEN NAME *Welda Ransom*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Francois Co. Missouri*

17. INFORMANT (ADDRESS) *Melvin Casey Black Bonne Terre Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Adams Cemetery Aug 28 1934*

19. UNDERTAKER (ADDRESS) *Benham Ltd Co Bonne Terre Mo*

20. FILED *Aug 28 1934* *Aug 11 1934*
Registrar

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 *H. W. Newkirk*
(Signed) _____, M. D.
(Address) *Bonne Terre, Missouri*

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.

