

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

Do not use this space.

35248/

1. PLACE OF DEATH

County Gasconade
Township Richland
City Gasconade (No.)

Registration District No. 304
Primary Registration District No. 5421

File No.
Registered No.
St. Ward

2. FULL NAME

Orville Chester Clifton

(a) Residence No. ✓ St. ✓ Ward. ✓
(Usual place of abode)

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

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Clifton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 - 1899

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.
29 | 2 | 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpentering
(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Gov't Post yards
(c) Name of employer U.S. Government

9. BIRTHPLACE (CITY OR TOWN) Gasconade
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm Clifton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Riverview
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Maud Quick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Montgomery Co.
(STATE OR COUNTRY)

14. INFORMANT Mrs O Clifton
(Address) Gasconade Mo

15. FILED 11-2-28, 1928, F. L. Kieker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/28 1928
17.

I HEREBY CERTIFY That I attended deceased from 10/27, 1928, to 10/28, 1928 that I last saw ~~her~~ him alive on 10/28, 1928, and that death occurred, on the date stated above, at 8:00 p.m.

18. CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis (duration) 12110 yrs. 1 mo. 1 ds.
11/10
CONTRIBUTORY (SECONDARY) Appendicitis (duration) 6 yrs. 6 mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

20. WAS THERE AN AUTOPSY? NO

21. WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Howard Workman, M. D.
, 19 (Address) Pershing Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gasconade City Cemetery DATE OF BURIAL 10/30 1928

20. UNDERTAKER Herman Blumen ADDRESS Herman
Mo

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.

1928

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