

JAN 28 1929

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

42250

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Leadwood (No.)

Registration District No. 33
Primary Registration District No. 6024B

File No.
Registered No. 43
St. Ward)

2. FULL NAME

Lydia Evelyn Clay
(a) Residence. No. Leadwood St. mo. 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

3. SEX

Female

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

Robert J. Clay

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 10 - 1854

7. AGE

74

YEARS

5

MONTHS

10

DAYS

If LESS than 1
day, ___ hrs.
or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Iowa

(STATE OR COUNTRY)

10. NAME OF FATHER

William Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Iowa

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Bert J. Clay
Leadwood Mo.

15.

FILED

1-10-29 W.E. Aubuchon

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23 1928

17.

I HEREBY CERTIFY, That I attended deceased from Dec. 22 1928 to Dec 23 1928
that I last saw him alive on Dec 22 1928, and that
death occurred, on the date stated above, at 11 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
8 1/2 hr
97 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension and
intracerebral (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: ?

DID AN OPERATION PRECEDE DEATH? 0 DATE OF Jan 1929

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. E. Aubuchon, M. D., 19 (Address) Leadwood 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

DATE OF BURIAL

Summington Mo12/25 1929

20. UNDERTAKER

ADDRESS

G. D. BoyerLeadwood

WRITE PLAINLY, WITH UNFADING INK, IN THIS SPACE

K. 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.

