

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

Do not use this space.

9376

1. PLACE OF DEATH

County ADAIR
 Township Benton
 City KIRKSVILLE MO, (N. NORTH CITY LIMITS)

Registration District No. 4
 Primary Registration District No. 0505

File No.
 Registered No. 61
 St. Ward)

2. FULL NAME NELLIE 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 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 JAMES H CLIFTON,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC 5th 1850

| 7. AGE | YEARS | MONTHS | DAY | IF LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|-----|----------------------------------|
| <u>78</u> | <u>3</u> | <u>10</u> | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSE WFE
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) OHIO

10. NAME OF FATHER XXXXXXXXX DURANT HARRISON

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

12. MAIDEN NAME OF MOTHER MARY WHITE

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

14. INFORMANT Willie Clifton
 (Address) KIRKSVILLE MO

15. FILED 3/30. 19.29 Miss C. H. Becker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-15 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-11-29 to 3-15-29, 1929, that I last saw him alive on 3-11-29, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tubercular Pneumonia
10 1/2
16 1/2

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Inferiority of age
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

19. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) R. P. Boenig, M. D.
 , 19 (Address) Kirksville 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 JEWELL CHURCH DATE OF BURIAL 3 17 1929

20. UNDERTAKER Davis, & Wilson ADDRESS Kirksville

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.

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