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

Do not use this space.

11675

AUG 26 1929

1. PLACE OF DEATH

County Newton — Registration District No. 612 — File No. 612

Township Vanburen — Primary Registration District No. 5814 — Registered No. 58

City Ritchey (No. ..... St. ..... Ward)

2. FULL NAME Mary Jewel Clayton

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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: girl
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: X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18, 1929

7. AGE — YEARS: — MONTHS: — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: X
(b) General nature of industry, business, or establishment in which employed (or employer): X
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ritchey, Mo. (STATE OR COUNTRY) Newton Co.

PARENTS

10. NAME OF FATHER Albert Theodore Clayton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lafolette, Mo. (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mina G. Harrison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Adair, (STATE OR COUNTRY) Okla.

14. INFORMANT A. T. Clayton (Address) Ritchey R. 1

15. FILED March 22 1929 Eva P. Moody REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 11, 1929.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1929, to Mar. 11, 1929 that I last saw her alive on Mar. 11, 1929, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Mal Nutrition

158 160 (duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF X

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) R. F. Cheatham, M.D.

March 11, 1929 (Address) Diamond 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: Vanburen Cemetery — DATE OF BURIAL: March 12 1929

20. UNDERTAKER: X None — ADDRESS

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.