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

Do not use this space.

18745

JUN 26 1929

1. PLACE OF DEATH

County Madison — Registration District No. 938 — File No.

Township — Primary Registration District No. ~~6778~~ 3028 — Registered No.

City Fredericktown (No. ..... St. ..... Ward)

2. FULL NAME Hannah Clay

(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

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amos Clay

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 28 - 1849

7. AGE: YEARS 79 — MONTHS 7 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

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

(c) Name of employer: .....

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9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ballinger Co. Mo

PARENTS

10. NAME OF FATHER: James E. Buxton

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

12. MAIDEN NAME OF MOTHER: Charity Old

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

14. INFORMANT: Amos Clay
(Address) Fredericktown Mo

15. FILED: 11/31, 1924 — C. U. Dunn, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 4 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to May 4, 1929, that I last saw her alive on May 1, 1929, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

(duration) 20 yrs. + mos. + ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) O. Amyers, M. D.

, 19 (Address) Fredericktown 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: Snowdenville Cemetery — DATE OF BURIAL: May 5 1929

20. UNDERTAKER: Ed. H. Webb — ADDRESS: Fredericktown Mo

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.