

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

Do not use this space.

22312-a

**1. PLACE OF DEATH**

County Frank  
Township Jackson  
City Jackson (No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 700  
Primary Registration District No. 5829

File No. 15-  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Thomas Stephen Claypool

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

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**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 Anna Claypool

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-25-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 | 9 | 26 | 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Greene, Co. Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Stephen Claypool Ky

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

12. MAIDEN NAME OF MOTHER Rebecca Eldley Tenn

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

14. INFORMANT Mrs Bettie Box  
(Address) Walnut Grove Mo

15. FILED 8/10 1929 E E W 5032  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-21 1929

17. I HEREBY CERTIFY, That I attended deceased from 8/10 20 1928, to June 21 1929, that I last saw him alive on June 21 1929, and that death occurred, on the date stated above, at 7:30 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

131 Chronic Nephritis

(duration) \_\_\_\_\_ yrs. 11 mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) 1290  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis  
(Signed) B. B. Kirby \_\_\_\_\_, M. D.

June 21, 1929 (Address) Cadesboro, 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 Turkey Creek DATE OF BURIAL 6/22 1929

20. UNDERTAKER W. B. Brown Sons ADDRESS Walnut Grove 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.

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