

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

Do not use this space.

41506

1. PLACE OF DEATH

County New Madrid Registration District No. 55 File No. 8
Township Anderson Primary Registration District No. 4033 Registered No. 836
City Gideon (No.) St. Ward)

2. FULL NAME

William 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 Male 4. COLOR OR RACE Negra 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Do not know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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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) Do not know
(STATE OR COUNTRY)

10. NAME OF FATHER Do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

14. INFORMANT (Address) J. Gideon Mo

15. FILED Jan 10, 1930 M. V. Musgrave
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/11 1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw him alive on 19....., and that death occurred, on the date stated above, at 11:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died with out medical attention
200A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 20510
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) D. C. Phillips
. 19 (Address) Matthews 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
Stanfield Cem. Dec. 12th. 29.

20. UNDERTAKER ADDRESS
R. B. Meentemeyer, Gideon, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD---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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