

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

Do not use this space.

FEB 20 1936

3874

1. PLACE OF DEATH

County Wayne
Township Mill Spring
City (No.) (St. Ward)

Registration District No. 895
Primary Registration District No. 6197

File No.
Registered No. 1

2. FULL NAME Belvey Keylo Clay

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

Length of residence in city or town where death occurred yrs. 50 mos. 3 ds. 16 How long in U. S., if of foreign birth? yrs. mos. ds.

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 alice clay

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 0 14

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) Reeper mo. (STATE OR COUNTRY) Wayne Co.

10. NAME OF FATHER Samuel H. Clay

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

12. MAIDEN NAME OF MOTHER Reeper

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

14. INFORMANT. Samuel Clay (Address) Reeper mo

15. FILED 1/24 1936 Roy J Owens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1930

HEREBY CERTIFY, that I attended deceased from Jan 16 to Jan 24, 1930, that I last saw him alive on Jan 23, 1930, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia

(duration) yrs. mos. ds.
Influenza

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

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Roy J Owens, M. D.
1/24 1930 (Address) Mill Spring 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
Boales Cem. 1/25 1930

20. UNDERTAKER ADDRESS
None

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.

