WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 21653 ~~21651~~

1. PLACE OF DEATH
County Sullivan — Registration District No. 851
Township Taylor — Primary Registration District No. 6009
City Humphreys (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Jas. Henry Clawson
(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 24 - 1869
7. AGE: 60 YEARS, 7 MONTHS, 12 DAYS. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Banker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....
9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Lindley Grundy Co Mo

PARENTS
10. NAME OF FATHER: Jno. L. Clawson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER: Mary A Moberly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Sull. Co. Mo.

14. INFORMANT: Jno. Clawson
(Address) Humphreys Mo.
15. FILED June 8, 1930 F A Shelt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 6 - 1930
17. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1930, to June 6, 1930 that I last saw him alive on June 3, 1930, and that death occurred, on the date stated above, at 10 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
829
99
..... (duration) yrs. 5 mos. ds.
CONTRIBUTORY (SECONDARY): Arterio-Sclerosis
..... (duration) 6 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Yes
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E C Weston, M. D
6 - 6 - 1930 (Address) Galt 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: Humphreys Cem.
DATE OF BURIAL: June 8 1930
20. UNDERTAKER: R K Payne & Son
ADDRESS: Galt Mo