

SEP 22 1930

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

Do not use this space.

25975

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, (No. 1204 So. 29th. St.)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 972
St. _____ Ward _____

2. FULL NAME

Clara A. Orton

(a) Residence. No. 1926 Penn St. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 29, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 0 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Frankfort, Kansas
(STATE OR COUNTRY)

10. NAME OF FATHER George Hopkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Pa.
12. MAIDEN NAME OF MOTHER Alice Boggs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

14. INFORMANT A. J. Hopkins
(Address) 2230 Charles St.

15. FILED 29 1930 John G. Jeff. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 27, 1930 1930

17. I HEREBY CERTIFY, That I attended deceased from July 31, 1930, to Aug 27, 1930, that I last saw h. or alive on Aug 27, 1930, and that death occurred, on the date stated above, at 11:00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Navel.

4 1/2 (duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Metastatic Carcinoma of Colon (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH. NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Gordon H. Henshaw, M. D.

8/29, 1930 (Address) 845 Osage St. St. Joe, 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 Ashland Cemetery DATE OF BURIAL Aug, 29, 1930

20. UNDERTAKER Walter Meierhoff ADDRESS 1302 Faraon St.

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.

RECORD

27

26