

OCT 28 1930

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

Do not use this space.

29089

1. PLACE OF DEATH

County Bates
Township Osage
City Rich Hill (No. _____)

Registration District No. 53
Primary Registration District No. 5087

File No. _____
Registered No. 50 St. _____ Ward _____

2. FULL NAME Cora Ann Clayton

(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 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1930

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

I HEREBY CERTIFY that I attended deceased from July 3 1930 to Sept 6 1930 that last seen alive on Sept 2 1930 and that death occurred, on the date stated above, at 1:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23 - 1869

THE CAUSE OF DEATH WAS AS FOLLOWS
Senile Pulmonary vascular disease

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 13

17. (duration) yrs. 5 mos. ds.

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

CONTRIBUTORY (SECONDARY) 12/20 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo.

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

10. NAME OF FATHER C.B. Stalcup

DID AN OPERATION PRECEDE DEATH? DATE OF

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

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Mary Coulter

WHAT TEST CONFIRMED DIAGNOSIS (Signed) James J. Allen M.D.

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

19. 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.

14. INFORMANT C.S. Clayton (Address) Rich Hill

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rider Cemetery DATE OF BURIAL Sept 19 1930

15. FILED 18 30 James J. Allen REGISTRAR

20. UNDERTAKER Pond & Reavley ADDRESS Rich Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

