

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

Do not use this space.

38791

1. PLACE OF DEATH

County Carter
Township Carter
City Van Buren (No.)

Registration District No. 143
Primary Registration District No. 5205

File No.
Registered No.
St. Ward)

2. FULL NAME

Francis Elizabeth Clay

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (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) married

5A. Is Married, Widowed or Divorced
HUSBAND or (or) WIFE of J. H. Clay.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 3

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

9. BIRTHPLACE (CITY OR TOWN) Van Buren
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Jefferson Trezian

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

12. MAIDEN NAME OF MOTHER Anty Marie Kelly

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

14. INFORMANT J. H. Clay
(Address) Van Buren Mo.

15. FILED Dec. 20 1930 J. W. Cotton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1930, to Dec 19, 1930 that I last saw him alive on Dec 18, 1930, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Breast
50

CONTRIBUTORY (SECONDARY) 147
(duration) yrs. mos. ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. Cotton, M. D.
, 19 (Address) Van Buren

*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 Van Buren Cem DATE OF BURIAL 12/20/1930

20. UNDERTAKER Bill Cowen ADDRESS Van Buren Mo.

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.

REG 107 NW

