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

Do not use this space.

FEB 21 1931

1. PLACE OF DEATH
County St Francois
Township "
City (No. St. Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 2662
Registered No. 4

2. FULL NAME James E. Claywell
(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: None

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 27, 1858

7. AGE: Years 72 | Months 9 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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): Burkesville Kentucky

PARENTS
10. NAME OF FATHER: Elzie Claywell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Burkesville, Ky
12. MAIDEN NAME OF MOTHER: Margaret Rush
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Burkesville, Ky

14. INFORMANT: John Drum
(Address) R4 Farmington, Mo

15. FILED Jan 4 1931 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-13 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1930, to Jan 13, 1931 that I last saw him alive on Jan 13, 1931, and that death occurred, on the date stated above, at 10 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
(duration) yrs. mos. ds.

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

10 Ja

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R Oppenberg, M. D
Jan 14, 1931 (Address) Farmington 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: Parkview Cemetery
DATE OF BURIAL: 1/15 1931

20. UNDERTAKER: Neidert Und Co
ADDRESS: Tyton

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.