

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.

MAR 23 1931

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

Do not use this space.

4640

1. PLACE OF DEATH

County Buchanan  
Township  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. St. Joseph Hospital)

File No.  
Registered No. 161  
St. Ward

2. FULL NAME George Clay

(a) Residence No. 907 North 13 Street St. Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Elizabeth Clay

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
57 10 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman  
(b) General nature of industry, business, or establishment in which employed (or employer) Laundry  
(c) Name of employer Conser Laundry Co.

9. BIRTHPLACE (CITY OR TOWN) Matoon  
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Mark S Clay  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Virginia  
12. MAIDEN NAME OF MOTHER Rachael McGuire  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs Mary E Clay  
(Address) 907 No. 13 St. - St. Joseph Mo.

15. FILED John R Bender  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 11 19 31

17. I HEREBY CERTIFY, That I attended deceased from Feb 9 to Feb 11 1931  
that I last saw him alive on Feb 11 1931, and that death occurred, on the date stated above, at 11/30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy of cerebral artery  
(Omentum)  
Unknown (duration) yrs mos ds.  
CONTRIBUTORY (SECONDARY) hypertension (duration) yrs mos ds.

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

1 DID AN OPERATION PRECEDE DEATH No DATE OF Feb 10 31

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) John J. Byrne M. D.

Feb. 12 19 31 (Address) St Joseph Mo

\*State the DISEASE CAUSING DEATH, 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 Mt. Olivet Cemetery  
DATE OF BURIAL Feb. 13 19 31

20. UNDERTAKER H O Sidenbader  
ADDRESS 1802 Union St.

FEB 12 1931

