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

Do not use this space.

18751 8

Registered No. 895

1. PLACE OF DEATH
County New Madrid — Registration District No. 55
Township — Primary Registration District No. 4033
City Gideon (No. ..... St. ..... Ward)

2. FULL NAME William 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 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: negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-1-1910
7. AGE: YEARS 20 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farm Labor
(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) Louisiana
PARENTS
10. NAME OF FATHER Eugene Clayton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
12. MAIDEN NAME OF MOTHER Jennette Powe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Louisiana
14. INFORMANT Eugene Clayton
(Address) Gideon Missouri
15. FILED June 10, 1931 M. V. Mumma REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12-1931
17. I HEREBY CERTIFY, That I attended deceased from on 5-11+12 - 1931, to ....., 19.... that I last saw him alive on 5-12 1931, and that death occurred, on the date stated above, at 4 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93B
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Auto Injection
(duration) yrs. mos. 2 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo Fulkerson, M. D
, 19 (Address) Gideon 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: Stanfield — DATE OF BURIAL: 5 13 1931
20. UNDERTAKER: R B Meentemeyer — ADDRESS: Gideon

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.

JUN 27 1931

WHO IS A PERMANENT RECORD