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.

SEP 25 1931

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

Do not use this space.

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No. 29079
Township — Primary Registration District No. 4403 — Registered No. 83
City Rolla (No. ..... St. ..... Ward)

2. FULL NAME Bobby Jean Clayton
(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(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.

## 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 ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Mo

FATHER
13. NAME Henry Clayton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Mo

MOTHER
15. MAIDEN NAME Nora Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seaton Mo

17. INFORMANT (ADDRESS) Henry Clayton Rolla Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla Cemetery DATE Aug 18 1931
19. UNDERTAKER (ADDRESS) Mill & Bicklider Rolla, Mo.
20. FILED Aug. 18 1931 Jos. F. Ayers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1931, to Aug 18 1931
I last saw him alive on Aug 18 1931. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:
Premature birth — Date of onset 8-18-31
159
159
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) S. L. Mitchell, M. D.
(Address) Rolla Mo