

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

Do not use this space.

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252

1. PLACE OF DEATH

County St. Francois
Township Flat River
City Flat River (No. 4465)

Registration District No. 274
Primary Registration District No. 60180

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Susanna Clay
(a) Residence, No. of Flat River 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellis E. Clay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>72</u>	<u>2</u>	<u>12</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill

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) Missouri

13. NAME William Bentley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME D. R.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. R.

17. INFORMANT (ADDRESS) John Clay Son

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Cem. DATE 12/18/31

19. UNDERTAKER (ADDRESS) Calhoun Bros.

20. FILED Nov 31, 1931 W. J. Bureau Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-4-1931 to 12-15-1931. I last saw her alive on 12-10-1931. Death is said

to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Acute Dilatating heart
92 B
92 C
95 J
Dec. 17 1931

Other contributory causes of importance: Chronic myocarditis years & ends of aortic

Name of operation None Date of _____
What test confirmed diagnosis clinical 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) W. J. Bureau M. D.
(Address) Flat River

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.

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