WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 25 1932

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

Do not use this space.

7461

File No. 260

Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 95

Township — Primary Registration District No. 1001

City St Joseph (No. 1901 south 20 St. Ward)

2. FULL NAME Anna Amelia Clay

(a) Residence, No. 1901 so.20 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1922

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
10	0	8	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Francis Xavier School

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) St. Louis Missouri

FATHER

13. NAME Neil J Clay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon Ill.

MOTHER

15. MAIDEN NAME Claudia Ryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Axtell Kansas

17. INFORMANT Mrs Claudia R Clay
(ADDRESS) 1901 so.20 St. St Joseph Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Axtell Kansas DATE March 16, 1932

19. UNDERTAKER H. Andenfaden
(ADDRESS) 1802 Union st. St Joseph Mo.

20. FILED MAR 14 1932 19 John R. Binder Jr. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1932, to Mar 14, 1932

I last saw her alive on Mar 14, 1932. Death is said to have occurred on the date stated above, at 4:45P m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset 3-13-32

59
112
130

59 (1)

Other contributory causes of importance: Acute Diabetes + Nephritis — Probably Feb 25 32

Name of operation none — Date of

What test confirmed diagnosis? Physical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — 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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J R Elliott M. D.

(Address) 824 Edmond St Joseph Mo