

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.

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

Do not use this space.

17608

1. PLACE OF DEATH

County..... Registration District No. 207
 Township..... Primary Registration District No. 207
 City St. Louis Mo. (No. City Hospital)..... St. Ward)

File No.
 Registered No. 4536
 St. Ward)

2. FULL NAME Simon Clayburn

(a) Residence, No. 1916 Card St. 21 Ward. :
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Cole</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Clayburn</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-12-1895</u>				
7. AGE <u>35</u>	YEARS	MONTHS <u>4</u>	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>237</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laborer</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1932, to 5-1, 1932

I last saw him alive on 5-1, 1932 Death is said to have occurred on the date stated above, at 12 A.M.

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

Generalized Pulmonary Edema
121A of non-tubercular
121B of
1341
 Other contributory causes of importance: ①
Chronic Appendicitis

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>
	13. NAME <u>Wm Clayburn</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gas</u>
	15. MAIDEN NAME <u>Mary Taylor</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>
17. INFORMANT <u>A. Westside Death City Hospital #2</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Worshipful St</u> DATE <u>5-11-32</u>	
19. UNDERTAKER <u>James Funeral Home</u> (ADDRESS) <u>2754 Sheridan</u>	
20. FILED <u>MAY -9 1932</u>	

Name of operation Resectomy Date of 4-28-32

What test confirmed diagnosis? Specimen Was there an autopsy? Yes

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?.....
 If so, specify.....
 (Signed) Henry C. Bauston, M. D.
 (Address) City Hospital #2

Registrar

