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

Do not use this space.

29137

File No. .....
Registered No. 33

1. PLACE OF DEATH
47 County Iron
Township Arcadia
City Arcadia (No. Arcadia, Mo. ..... St. ..... Ward)
Registration District No. 391
Primary Registration District No. 5546a

2. FULL NAME Clayton R. Lupton Sr.
(a) Residence, No. Arcadia, Mo. ..... 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.

OCT 26 1932

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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1859.

7. AGE: Years 73. Months X Days 29. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mortician
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) Mexico, Mo.

FATHER
13. NAME Joseph Lupton.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Margaret Pickett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) C. R. Lupton Jr. 4449 Olive Street.

18. BURIAL, CREMATION, OR REMOVAL
Oak Grove Mausoleum, St. Louis, Mo.
(PLACE) DATE 9-6-1932

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons. 4449 Olive Street.

20. FILED Sept 5, 1932 R. A. Rasche
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1932, to Sep 4, 1932
I last saw him alive on Sep. 4, 1932. Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:
Central Haemorrhage — Date of onset 4/20/32
82 A
S. L. A.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) G. L. Anson, M. D.
(Address) Leadton, Mo