

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

Do not use this space.

36764

1. PLACE OF DEATH

County Putnam
Township Elm
City Northington (No. _____)

Registration District No. 719
Primary Registration District No. 6950

File No. 1
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

Issac Clifton

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 Annie Clifton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 9-1883

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>77</u>	<u>7</u>	<u>23</u>	<u>23</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen Co Ky

10. NAME OF FATHER Edwin Clifton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Queen Co Ky

12. MAIDEN NAME OF MOTHER Julia Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Queen Co Ky

14. INFORMANT Annie Clifton
(Address) Northington Mo

15. FILED Nov 15 1932 Durward Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1932 to Nov 2, 1932 that I last saw him alive on Oct 2, 1932 and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Hemorrhage
82A J.P.W.
97 (duration) _____ yrs. 5 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Don't Know (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____ (9)

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS B.P. 230. man
(Signed) O.P. Brown M. D.

: 19 _____ (Address) Queen City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rose Cemetery DATE OF BURIAL Nov. 3 1932

20. UNDERTAKER Constance Mace ADDRESS Unionville

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.

8 1932

