

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 22 1933

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

Do not use this space.

9918

1. PLACE OF DEATH
 County Madison Registration District No. 400
 Township Praine Primary Registration District No. 5553B
 City (No.) St. Ward

2. FULL NAME Reuben Emeru Clayburne
 (a) Residence, No. Madison County Hotel Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, YEAR) Aug 10 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 7 3

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

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR - 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1933, to 3-13 1933
 I last saw him alive on 3-13 1933. Death is said to have occurred on the date stated above, at 9 A.m.
 The principal cause of death and related causes of importance were as follows:
Senile debility
162 / 62
 Other contributory causes of importance:
 Name of operation 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) J. W. Green, M. D.
 (Address) Independence, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) J. W. Hostetter
J. C. Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Hill DATE 3/14 1933

19. UNDERTAKER (ADDRESS) W. J. Green
333 Madison Ave

20. FILED 3-14 1933 William J. Fields
 Registrar.

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