

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1013  
City St. Louis (No. City Hospital)

File No. 21886  
Registered No. 5727  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1517 So 10th St. My Ward.

Length of residence in city or town where death occurred 15 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 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 Adeline Claywell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5<sup>th</sup> 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>66</u>	<u>1</u>	<u>19</u>	

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

12. BIRTHPLACE (CITY OR TOWN) St. Genevieve Co., Mo. (STATE OR COUNTRY)

13. NAME Albert Claywell

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

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

17. INFORMANT Hospital Information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastgate Mt DATE 6-20-33

19. UNDERTAKER Boyer Und (ADDRESS) Eastgate Mt

20. FILED JUN 30 1933 J. A. Bredeck Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24<sup>th</sup> 1933

22. I HEREBY CERTIFY that I attended deceased from June 12<sup>th</sup> 1933 to June 24<sup>th</sup> 1933

I last saw him alive on June 24<sup>th</sup> 1933. Death is said to have occurred on the date stated above, at 5:35 AM

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

Cerebral Hemorrhage Date of onset 6-12-33  
Chronic myocarditis 6-12-33

Other contributory causes of importance: Arteriosclerosis 6-12-33

8 Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical 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) Arthur C. Hines, M. D.  
(Address) City Hospital

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.

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Chapman