

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

Do not use this space.

27420

1. PLACE OF DEATH

92 County St Charles Registration District No. 755
 1 Township _____ Primary Registration District No. 4453
 1 City Augusta (No. _____) St. _____ Ward _____

File No. _____

Registered No. 11

2. FULL NAME

(a) Residence, No. Augusta Mo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 yrs. mos. _____ ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2 1898</u>		
7. AGE YEARS <u>35 yrs</u>	MONTHS <u>B</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
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) <u>Apr 1 1933</u>		11. Total time (years) spent in this occupation <u>25 yr</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta Mo</u>		
13. NAME <u>Hampson S. Clay</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta Mo</u>		
15. MAIDEN NAME <u>Marie Koch</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta Mo</u>		
17. INFORMANT (ADDRESS) <u>Calvin Clay Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Augusta</u> DATE <u>Aug 10 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Paul King 921 W. 1st St. Augusta Mo</u>		
20. FILED <u>8-9 1933</u> <u>B. M. Mollenbrock</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1933 to Aug 8 1933
 I last saw her alive on Aug 8 1933 Death is said to have occurred on the date stated above, at 9:54 m.
 The principal cause of death and related causes of importance were as follows:
Lymphosarcoma of Mediastinal and Retroperitoneal Lymph Glands
4/1/33
 Other contributory causes of importance:
47% 50%
53%

Name of operation Biopsy of Cervical Glands Date of 5/8/33
 What test confirmed diagnosis? Microscopic Were 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 Calvin Clay Mo
 (Signed) _____, M. D.
 (Address) Augusta Mo

WHILE FADING 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.

SEP 26 1933

23

