

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

Do not use this space.

35988

**1. PLACE OF DEATH**

County Clay Registration District No. 197  
Township Gallatin Primary Registration District No. 5276  
City North Kansas City (No. R.F.D. # 4) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Ernest Lee Clayton

(a) Residence, No. North Kansas City St. R. #4 Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, ..... hrs. or ..... min.
	5	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
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) Wagon (STATE OR COUNTRY) Okla.

13. NAME Marcus O. Clayton

14. BIRTHPLACE (CITY OR TOWN) Furbeyville (STATE OR COUNTRY) mo.

15. MAIDEN NAME Mary Oella Hall

16. BIRTHPLACE (CITY OR TOWN) Enden (STATE OR COUNTRY) mo.

17. INFORMANT Marcus O. Clayton (ADDRESS) North Kansas City mo. R. #4

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty mo. DATE Nov 15 1933

19. UNDERTAKER Morton + Co (ADDRESS) North Kansas City mo.

20. FILED Nov 15 1933 John J. Morton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1933, to Nov 14 1933

I last saw him alive on Nov 14, 1933. Death is said to have occurred on the date stated above, at 8 a. m.

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

Scarlet Fever  
8  
Other contributory causes of importance: None

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Microscopical 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 Punell J. Hodge, M. D.  
(Address) North Kansas City mo.

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.

NOV 5 1933

