

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

Do not use this space.

37342

1. PLACE OF DEATH

County Nodaway  
Township Shank  
City Barnard (No. \_\_\_\_\_)

Registration District No. 617  
Primary Registration District No. 4368

File No. \_\_\_\_\_  
Registered No. 20 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME David Butler Clawson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barbara Jane Bledsoe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-27-1850</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>5</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) (STATE OR COUNTRY) Ky

MOTHER FATHER 13. NAME Pleasant Lee Clawson

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

MOTHER 15. MAIDEN NAME Nancy A. Mc Gowan

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

17. INFORMANT Ed Clawson  
(ADDRESS) Barnard Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Barnard Cem. DATE 11-8 1933

19. UNDERTAKER Campbell Funeral Home  
(ADDRESS) Marysville Mo

20. FILED 11-8 1933 Chas. D. Humbert  
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6 1933

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1933 to Nov - 6, 1933  
I last saw him alive on Nov 6, 1933 Death is said to have occurred on the date stated above, at 7:30 P. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset: 92 H  
Valvular disease of heart  
Other contributory causes of importance: None

Name of operation none 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) Bob Barnett M. D.  
(Address) Gulfport, 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.

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1889  
11-7-33

