

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

Do not use this space.

42302

JAN 4 1934

1. PLACE OF DEATH  
 County Stoddard Registration District No. 7  
 Township Bell Primary Registration District No. 45  
 City Bell City Bell City St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Florence Clayton  
 (a) Residence, No. Bell City St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 John Albert Clayton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/11, 1876

7. AGE 58 YEARS MONTHS 2 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Garfield, Ill.

13. NAME George Kubler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rush Co., Ind.

15. MAIDEN NAME Sarah Balyan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marian Co., Ind.

17. INFORMANT Mary Horneau  
 (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Mattoon, Ill. DATE Dec 14, 1933

19. UNDERTAKER Halther, Union Co  
 (ADDRESS) Cape Girardeau

20. FILED 12/12, 33 W. Kauffman  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1 1933

22. I HEREBY CERTIFY, that I attended deceased from Jan 1st 1933 to Jan 1st 1933. I was never attended this morning alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Mrs. Clayton was operated on in March, 1932 at Decatur, Ill. by H.C. Fearman & Bro.

Other contributory causes of importance:  
50 50

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? 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) C. O. Bennett, M. D.  
 (Address) Bell 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.

7-3-35

