

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

Do not use this space.

MAR 24 1934

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23

1. PLACE OF DEATH

County Scott Registration District No. 851
Township Richland Primary Registration District No. 6670
City New Mt. Millers (No.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME Buysrd Clay

(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 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>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 17 1906</u> | | |
| 7. AGE | YEARS <u>28</u> | MONTHS <u>0</u> |
| | DAYS <u>27</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u> | | |
| FATHER | 13. NAME <u>John Clay</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | |
| MOTHER | 15. MAIDEN NAME <u>unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | |
| 17. INFORMANT (ADDRESS) <u>Mary Baker</u> <u>Ediston R.R.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carpenter</u> DATE <u>Jan 15 1934</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Wm. E. ...</u> | | |
| 20. FILED <u>3/15/34</u> 19... <u>Wm. E. ...</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw h. alive on Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Tuberculosis
23rd of Lung
Date of onset

Other contributory causes of importance: 25

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? Yes
If so, specify Agitated heart
(Signed) Wm. E. ... M-D:
(Address) Ediston Co

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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