

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.

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

Do not use this space.

1. PLACE OF DEATH

County HENRYRegistration District No. 347Township CLINTONPrimary Registration District No. 3018City CLINTON

(No.)

St.

Ward)

2. FULL NAME George Washington Clopton(a) Residence, No. 301 E Franklin St.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 5 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)

Widowed

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

Lidia Virginia

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

June 28-1840

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

93815

OCCUPATION

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

Farmer

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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pettis Co Mo

MOTHER FATHER

13. NAME

Abner Clopton

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

Roanoke Co Va.

15. MAIDEN NAME

Margaret Frisloe

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

Pettis Co Mo

17. INFORMANT

(ADDRESS)

Mrs Ida Vanatta.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt Gillead

DATE

3-15-1938

19. UNDERTAKER

(ADDRESS)

Fred Wilkinson

20. FILED

3-16-193834J R Hampton

Registrar.

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MEDICAL CERTIFICATE OF DEATH

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

3-13-34

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:50 m.

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

intestinal colic

Date of onset

Other contributory causes of importance:

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 of deceased?.....

If so, specify.....

(Signed) W. S. Phelps, M. D.(Address) Clinton Mo

