

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.

MAY 25 1934

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

Do not use this space.

15547

1. PLACE OF DEATH

County Wayne Registration District No. 892
Township Flat Creek Primary Registration District No. 4-193-
City (No. 6189) St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME

Mary Ann Clayton
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. I. Clayton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 4 1868</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>11</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

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

13. NAME
James McCallister

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

15. MAIDEN NAME
Nancy Cozart

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

17. INFORMANT (ADDRESS)
A. I. Clayton

18. BURIAL, CREMATION, OR REMOVAL PLACE
Crossroads DATE 4 17 34

19. UNDERTAKER (ADDRESS)
C. A. Howell

20. FILED Apr. 17 1934 M. A. Hattie McPhu Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
Apr 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934 to Apr 16 1934
I last saw him alive on Apr 3 1934 Death is said to have occurred on the date stated above, at 1 P. m.

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

Pulmonary Tuberculosis Date of onset 1933
23A

Other contributory causes of importance:
23B

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) O. A. Myers, M. D.

(Address) Greenville, Mo.

