

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

Do not use this space.

16664

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township North Primary Registration District No. 1008
 City Kansas City (No. 2400 Benton Blvd) St. _____ Ward _____

File No. 2400
 Registered No. _____

2. FULL NAME Rolla Frank Clayberg

(a) Residence, No. 2400 Benton Blvd. 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 Male 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 Clara B. Clayberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61 8 7

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

FATHER 13. NAME William Clayberg

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

MOTHER 15. MAIDEN NAME Margaret Norton

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

17. INFORMANT (ADDRESS) Chas E Clayberg 2400 Benton Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE May 18 1934

19. UNDERTAKER (ADDRESS) Shue & McClurg 3200 Millham Plaza

20. FILED May 7, 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1934

22. I HEREBY CERTIFY That I attended deceased from October 7 1933 to May 6 1934

I last saw him alive on May 6 1934. Death is said to have occurred on the date stated above, at _____ m.

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

Carcinoma of stomach Date of onset Apr 1933

Other contributory causes of importance: U. S.

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray 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) Robert C. Swisher, M. D.

(Address) 910 Argyle Bldg

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.

JUN 19 1934

August 1884