

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

Do not use this space.

44140

JAN 10 1935

1. PLACE OF DEATH

91 County Ripley Registration District No. 750 File No. 13
Township Schuyler Primary Registration District No. 5985 Registered No. 1279
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

X Emily Alice 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bernard Winston Clayton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 17 1861</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>2</u>
		DAYS
		<u>26</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>house work</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>left</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ripley Co. Mo.</u>	
	13. NAME <u>Milds Gamblin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Va.</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Kough</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gravel Co. Ky.</u>	
17. INFORMANT (ADDRESS) <u>J. D. Clayton</u> <u>Franklin Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arnold Ave.</u> DATE <u>Dec. 5</u> 19 <u>34</u>		
19. UNDERTAKER <u>Mrs. Minnie Gish</u> (ADDRESS) <u>Wayton Mo.</u>		
20. FILED <u>12-4</u> 19 <u>34</u> <u>C. B. Johnston</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1934, to Dec 3, 1934
I last saw her alive on Dec 2, 1934. Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:
Hypersthetic pneumonia
5 days diabetes

Other contributory causes of importance:
callosities fallowed with diabetes and chronic nephritis
11 days (P)

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) J. E. Ebel, M. D.
(Address) Wayton Mo.

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.

