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.

APR 1 9 1935

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

Do not use this space.

9686

1. PLACE OF DEATH

County Lawrence — Registration District No. 467 — File No.

Township ~~Aurora~~ — Primary Registration District No. 4280 — Registered No. 90

City Aurora (No. 117 East Locust St. Ward)

2. FULL NAME Clytie Mays York

(a) Residence, No. 117 East Locust 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: Female

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: George E York

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July-23- 1887

7. AGE: Years 47 — Months 8 — Days 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Columbus Kansas

FATHER

13. NAME: George W Mays

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

MOTHER

15. MAIDEN NAME: Mary E Boaz

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

17. INFORMANT: George E York
(ADDRESS) 117 E. Locust St Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbus Kansas DATE March 27, 1935

19. UNDERTAKER: King Funeral Home
(ADDRESS) Aurora Mo.

20. FILED 3/27, 1935 R. W. Cowan, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from After Death, 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound	
Resulting From Accident	
184	60

Other contributory causes of importance:

Name of operation ..... Date of ...
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/24, 1935
Where did injury occur? Aurora Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Home
Manner of injury Discharge Of Shot Gun
Nature of injury Load entering chest

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) Jethro King Coroner M. D.
(Address) Aurora Mo