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 31 1935

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

Do not use this space.

13546

1. PLACE OF DEATH
County Maries
Township Miller
City ..... (No. ..... St. ..... Ward)

Registration District No. 1040
Primary Registration District No. 6276

File No. .....
Registered No. 6

2. FULL NAME William Thomas 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: 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 Lucinda Clayton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/29/1864

7. AGE: YEARS 71 | MONTHS 2 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

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 .....

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

FATHER
13. NAME William Clayton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Jane Mears
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Virgil Copeland Dixon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wheeler DATE Apr. 11 1935

19. UNDERTAKER (ADDRESS) Fred H. Gilbert Dixon Mo.

20. FILED 4-29 1935 C W Winkelman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1935, to April 10, 1935
I last saw him alive on April 10, 1935. Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/6/35

108

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19....
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
X
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Donley Gates M. D.
(Address) Brinktown, Mo.