

AUG 15 1935

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

Do not use this space.

22581

1. PLACE OF DEATH

County DeKalbRegistration District No. 5364 ²⁶² 5364Township PolkPrimary Registration District No. 262City East Home

(No.)

St.

Ward)

2. FULL NAME Ida Elizabeth Clay(a) Residence, No. King City No. R. R. 42 St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred All yrs. of life 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
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harper Clay6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	3	6	

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

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) July 15, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME Thos. Gilbert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Sarah McKenis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Harper Clay
(ADDRESS) King City No. R. R. 42

18. BURIAL, CREMATION, OR REMOVAL

PLACE King City Cem. DATE July 19, 193519. UNDERTAKER R. G. Taggart
(ADDRESS) King City Mo.20. FILED 7/18 1935 E. M. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/16/1935 .1922. I HEREBY CERTIFY, That I attended deceased from 7/16, 1935 to 7/16, 1935I last saw her alive on 7/16, 1935 Death is saidto have occurred on the date stated above, at 4: A.M.

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

Date of onset

7/16/35

Other contributory causes of importance:

Name of operation Autopsy Date ofWhat 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?

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? NoIf so, specify E. M. Reynolds M.D.(Signed) Union Star M.D. M. D.

(Address)

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.

