

MAY 22 1936

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

Do not use this space.

15836

## 1. PLACE OF DEATH

County LawrenceRegistration District No. 467Township AuroraPrimary Registration District No. 4280 5628City Aurora(No. R. F. D. #, 1)

File No. \_\_\_\_\_

Registered No. 36

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Sarah Clayton(a) Residence, No. R. F. D. # 1 Aurora 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*) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Clayton6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 18617. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 4 28. 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) Illinois13. NAME E. H. Flowers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Sarah Galloway16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Mr J. H. Clayton (ADDRESS) Aurora Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora MO. DATE April 23, 193619. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.20. FILED 4-22, 1936 R. W. Cowan, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1936, to April 21st, 1936.I last saw her alive on April 21st, 1936. Death is saidto have occurred on the date stated above, at 2.45 P.M.

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

Chronic Myocarditis 1936gpc

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936

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) F. W. Galt, M. D.(Address) Marionville, Mo.

WRITE PLAINLY, WITH UNFAADING INK---THIS IS A PERMANENT RECORD

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.

