WRITE PLAINLY, WITH UNFADING 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.

MAY 25 1936

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

Do not use this space.

File No. 16543

Registered No.

1. PLACE OF DEATH
County: Randolph
Registration District No. 738
Township: ~~Jackson~~ Charitor.
Primary Registration District No. 5772
City (No. , St. Ward)

2. FULL NAME: George W. Clifton.
(a) Residence, No. Jacksonville, Mo. R.F.D. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 34 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: Anna Clifton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 8 1858

7. AGE: Years 77 | Months 8 | Days 8 | 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): Owenton Ky.

FATHER
13. NAME: Harry W. Clifton,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Owenton, Ky.

MOTHER
15. MAIDEN NAME: Annie Mc Gibney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville, Ky.

17. INFORMANT (ADDRESS): Elba Clifton, Jacksonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Shiloh DATE: Apr 18 1936

19. UNDERTAKER (ADDRESS): New Funeral Home Moberly, Mo.

20. FILED: May 10 1936 Mrs D A Barnhart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-27 1935 to Apr 17, 1936
I last saw him alive on Apr. 16 1936. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Uremic poising — Date of onset: 4/16/36

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Other contributory causes of importance:
Chronic intersticial Neprhitis — 1935

Name of operation: none Date of
What test confirmed diagnosis? phys. Was there an autopsy?

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) Ben L. Tolly DO, M. D.
(Address) 201 Reed, Moberly, Mo

NOV 1 1957