JUN 25 1936

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

Do not use this space.

20449

1. PLACE OF DEATH
County Ray
Township Richmond
City Richmond (No. ..... St. ..... Ward)
Registration District No. 744
Primary Registration District No. 5976B
File No. .....
Registered No. 58

2. FULL NAME Eugene Clay
(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: Helen Clay
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 26 1912
7. AGE: YEARS 24 MONTHS 3 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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): Richmond Mo.

FATHER
13. NAME: Clex Clay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Zee Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Zee Clay Richmond Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Richmond DATE: 5/13 1936
19. UNDERTAKER (ADDRESS): C. M. Jones Richmond, Mo.
20. FILED: 6-9 1936 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h— alive on ....., 19..... Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:
Suicide by gunshot thru head
Date of onset
Other contributory causes of importance:
167
Name of operation ..... Date of .....
What 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? Suicide Date of injury May 10 1936
Where did injury occur? Near Richmond (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gunshot
Nature of injury " thru head
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E. E. Gay Coroner M.D.
(Address) Richmond Mo.

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.