

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.

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

Do not use this space.

45304

JAN 19 1937

**1. PLACE OF DEATH**

Count Suburban Registration District No. 449  
 Township Lebanon Primary Registration District No. 4267  
 City Lebanon (No. ....) St. .... Ward (.....)

**2. FULL NAME**

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Lee Clayton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1st - 1882</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
	<u>54</u>	<u>1</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Manuf. Atlas Pwd Co</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Wilmington Del

13. NAME  
Jos. Clayton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Del.

15. MAIDEN NAME  
Gra R. Hyatt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Del

17. INFORMANT (ADDRESS)  
Mrs Lee Roy Clayton  
Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Jefferson DATE 12-12-36

19. UNDERTAKER (ADDRESS)  
Palmer Long

20. FILED 12-9-36 J. A. M. Corub  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9th 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 3 A. m.

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

Acute Indigestion

Supposed to be  
Chr. Myocarditis

Other contributory causes of importance:

Died on train

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) J. A. M. Corub, M. D.

(Address) Lebanon Mo.

