JUN 16 1937

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

Do not use this space.

File No. 19384

Registered No.

1. PLACE OF DEATH

County Bollinger — Registration District No. 66

Township Lorance — Primary Registration District No. 5102 B

City Lutesville (No. ... St. ... Ward)

2. FULL NAME Stephen George Clifton

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Stephen George Clifton~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1845 Sept. 8

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	91	4	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Marion Clifton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) U.S.A.

12. MAIDEN NAME OF MOTHER Mary Ann Hosea

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) U.S.A.

14. INFORMANT Rhoba Burette Clifton

(Address) Lutesville Mo.

15. FILED 6/1/1937 J. J. Shrandler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27, 1937

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 7:30 ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infirmities of age,

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY)

(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. J. Baker, Coroner M.D.

, 19 (Address) Lutesville, Mo,

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Dongola Cemetery,	Jan, 29th 1937

20. UNDERTAKER	ADDRESS
Baker Funeral Home	Lutesville

... in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.