

JUL 31 1937

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

Do not use this space.

24591

1. PLACE OF DEATH

County Phelps
Township Meramec
City Mary Ann

Registration District No. 678
Primary Registration District No. 5906

File No.
Registered No.
St. Ward)

2. FULL NAME

Mrs Francis W. Clayton

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis W. Clayton

22. I HEREBY CERTIFY, That I attended deceased from 6-14-1937 to 6-14-1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1862

I last saw her alive on 6-14-37, 19... Death is said to have occurred on the date stated above, at 3.30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 4 27

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

8. 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

Pulmonary Tuberculosis 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co Mo

Other contributory causes of importance: Started with pneumonia (acute) (resolved)

13. NAME William Shoemate

Name of operation Date of
What test confirmed diagnosis? usual Was there an autopsy? No

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

15. MAIDEN NAME Amelia Gutman

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.

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

17. INFORMANT F. W. Clayton (ADDRESS) St. James rt 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Asher Cem DATE 6/26/37

Manner of injury /
Nature of injury

19. UNDERTAKER Carl K Spencer (ADDRESS) Salem Mo

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify S. W. Downing (Signed) S. W. Downing M. D.

20. FILED 6-25-1937 Mrs W. H. Down (Address) Salem Mo
Registrar.

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

16 - 11-10-56 - 41-0-0

17 - 11-10-56 - 41-0-0

18 - 11-10-56 - 41-0-0

19 - 11-10-56 - 41-0-0

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Phelps
Township Meramec
City Clayton (No. _____)

Registration District No. 678
Primary Registration District No. 3986

File No. 24591
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Ann Clayton
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 27

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 8-30-1937 Mrs. W. H. Hout Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him alive on _____, 19____. 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:

Date of onset _____

Other contributory causes of importance: _____

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?

If so, specify _____ (Signed) S. W. Downing, M. D.

(Address) Salerno Mo

SUPPLEMENTARY

24591