

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.

91 JUL 31 1937

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

Do not use this space.

24707

1. PLACE OF DEATH

County Ripley 2
Township Doniphan 1
City (No.)

Registration District No. 750
Primary Registration District No. 5983

File No. 15
Registered No. 1472
St. Ward

2. FULL NAME

Roy Lester Clayton

(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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28-1937</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>3</u> hrs. or <u> </u> min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER FATHER 13. NAME Ralph Lester Clayton

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

15. MAIDEN NAME Gladys Irene Clayton

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

17. INFORMANT (ADDRESS) R. L. Clayton

18. BURIAL, CREMATION OR REMOVAL
PLACE Clayton Cem. DATE June 29, 1937

19. UNDERTAKER (ADDRESS) None (Family)

20. FILED 6-29-1937 E. B. Johnston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1937

22. I HEREBY CERTIFY That I attended deceased from June 28, 1937, to June 28, 1937.
I last saw him alive on June 28, 1937. Death is said to have occurred on the date stated above, at 10 P m.

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

Hemorrhage through cord, not cut for about 500 hours

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? No
If so, specify

(Signed) R. H. Watson, M. D.
(Address) Doniphan Mo

