SEP 21 1937

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

Do not use this space.

File No. 29798

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 5118 Baltimore St., Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Miss Gora Clayton
(a) Residence, No. 5118 Baltimore 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	3	5	

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. None
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) Kansas City Mo.

FATHER
13. NAME George M. Clayton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. A.F. Gordon
(ADDRESS) 5118 Baltimore

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harrisonville Mo. DATE Aug 20, 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS)

20. FILED Aug. 18, 1937 M.M. Crowe, asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1937, to August 18, 1937
I last saw her alive on 8-17, 1937. Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	6-12-37
Duodenal Ulcer	?
118	
Other contributory causes of importance:	
Toxic Goiter	?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Hubert M. Parker, M. D.
(Address) 736 Argyle

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

X9314

Dr. H. M. Parker
Argyle Bldg.