

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

Do not use this space.

NOV 20 1937

1. PLACE OF DEATH

County Newton

Registration District No. 611

File No. 38358

Township Buffalo

Primary Registration District No. 5813

Registered No. _____

City _____

(No. Neosho Missouri R.F.D. # 4. St. _____ Ward)

2. FULL NAME Clifford Middleton

(a) Residence, No. _____ St. _____ Ward. Webb City Oklahoma

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 2 mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

~~HUSBAND~~
(OR) WIFE OF

Nellie Middleton

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

March 21, 1888

7. AGE

YEARS

49

MONTHS

7

DAYS

1888

If LESS than 1

day, _____ hrs. or _____ min.

OCCUPATION

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

Section Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Railway

10. Date deceased last worked at this occupation (month and year)

1936

11. Total time (years)

spent in this occupation 10 yrs.

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

Carrol County Arkansas

MOTHER

13. NAME J. C. Middleton

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

Harrison Arkansas

15. MAIDEN NAME Janey Motley

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

Berryville Arkansas

17. INFORMANT (ADDRESS)

Garland Middleton Neosho Mo. R.F.D. #2.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Salem Cemetery DATE 11-3 1937

19. UNDERTAKER (ADDRESS)

Corley Thompson Neosho Mo.

20. FILED

Nov 5 1937 Merle Spartin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1 1937

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

I last saw h. dead on Nov. 1, 1937. Death is said to have occurred on the date stated above, at 1 P. m.

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

Shot Gun Wound in forehead.

Date of onset

Other contributory causes of importance: 161

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 11-1 1937

Where did injury occur? at home in Newton County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at home 19 mi west of Neosho, Mo.

Manner of injury Shot Gun

Nature of injury Top of head completely blown off

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Corley Thompson

(Address) Neosho Mo.

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

APR 26 1950