

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

Do not use this space.

DEC 27 1937

1. PLACE OF DEATH

County Ray Registration District No. 915 File No. 42286
Township Brookville Primary Registration District No. 6236 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Samuel H. Claypole

(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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary B. Claypole</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 20 - 1865</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>3</u>	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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)
Mo.

13. NAME James Claypole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Not known

15. MAIDEN NAME Mary Chapral

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Not known

17. INFORMANT (ADDRESS)
Mary B. Claypole
Richmond, Mo. Route 3.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond Mo. DATE Dec. 10th, 1937

19. UNDERTAKER (ADDRESS)
Brothers + James
Richmond Mo.

20. FILED Dec 16, 1937 Norma Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1937, to Dec 8, 1937

I last saw him alive on Dec 8, 1937 Death is said

to have occurred on the date stated above, at 12:45 A.M.

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

Arterial Fibrillation Date of onset not known

Other contributory causes of importance:

Dental Sepsis not known

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) C. H. Wilbur M. D.

(Address) Polo Mo

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.

12-3034

