

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.

JAN 25 1938

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

Do not use this space.

45043

1. PLACE OF DEATH

County Wayne
Township 3rd Franconia
City Greenville

Registration District No. 840
Primary Registration District No. 4034

File No. 77045
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Henry Kray 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 11 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-8-4-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>82</u>	<u>6</u>	<u>19</u>	

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) Mo.

13. NAME Dout

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

15. MAIDEN NAME Branan

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

17. INFORMANT Wiley Clayton
(ADDRESS) Greenville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cross Roads, Mo. DATE Oct 25 1937

19. UNDERTAKER C. A. Howell
(ADDRESS) Greenville, Mo.

20. FILED 10-24, 1937 C. S. Clayton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937, to Oct 23, 1937

I last saw him alive on Oct 22, 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:

Broncho-Pneumonia Date of onset 10/12/37

Other contributory causes of importance: 1074

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) O. H. Myers, M. D.

(Address) Greenville, Mo.

1948

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

45043
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 890
 (b) Township _____ Primary Registration District No. 4539 Registered No. _____
 (c) City Greenville (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Knox Clayton

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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.
82 6 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 10/24 1937 W. S. Templeton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1937

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

I last saw h. _____ 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:

Bacterial Pneumonia 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) O. A. Meyer M. D.

(Address) Greenville

SUPPLEMENTARY

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

Do -

1. PLACE OF DEATH

- (a) County
- (b) Township
- (c) City
- (d) Street No.
- (e) (If death occurred in hospital or in the home of relative in city or town where death occurred, give name, date, (f) How

Registration District No.

Primary Registration District No.

(If death occurred in hospital or in the home of relative in city or town where death occurred, give name, date, (f) How

2. PRINT FULL NAME

- (a) Residence No.
- (b) (If full place of abode, if no street address, write county or

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, DIVORCED (write)

6. IF MARRIED, WIDOWED, OR DIVORCED, (FOR WIFE OR HUSBAND OF)

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

8. AGE
YEARS
MONTHS

9. OCCUPATION
10. Date deceased last year
11. Occupation last year
12. Trade, profession, or particular work done, (lawyer, doctor, etc.)
13. Industry or business in which was done, (saw mill, etc.)

14. BIRTHPLACE CITY
STATE OR COUNTRY

15. NAME

16. BIRTH STATE

17. HEIGHT

18. WEIGHT

THIS FORM IS PREPARED BY THE MISSOURI STATE BOARD OF HEALTH. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. THE INFORMATION ON THIS FORM IS TO BE USED FOR VITAL STATISTICS ONLY.