

REC-CAF 22 1938

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

12199
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3038
 (c) City Marshall, Mo. (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 Herbert Edgar Clayton
 (a) Residence, No. East Yerby St. 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 Male 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 Florence Mitchell Coyne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1903

7. AGE YEARS 34 MONTHS 10 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1938

I HEREBY CERTIFY That I attended deceased (from Jan 25 to Mar 6 1938)
 I last saw him alive on Jan 8 - 6 - 38 8P. Death is said to have occurred on the date stated above, at 8P. m.
 The principal cause of death and related causes of importance were as follows:
Ch. Pul Tuberculosis
 Date of onset 1930

Other contributory causes of importance: ✓ J.P.

Name of operation W Date of _____
 What test confirmed diagnosis Ch. Pul 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) W. Sweeney, M. D.
 (Address) Marshall, Mo.

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

FATHER 13. NAME Frank E. Clayton
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Minnie M. Richards
 16. BIRTHPLACE (CITY OR TOWN) Miami, Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Herbert Clayton (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Mar. 8 1938

19. FUNERAL DIRECTOR J. L. Sweeney (ADDRESS) Marshall, Mo.

20. FILED 3-8-38 1938 Mary Kent Deputing Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Sweeney, Licensed Embalmer No 3235

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Leslie Sweeney

L. E.

No. 3235 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

J. Leslie Sweeney

Licensed Embalmer No. 3235

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)