

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.

REC'D APR 23 1938

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

Worthy
Do not use this space.

12457

1. PLACE OF DEATH

County Wright
Township Ell Creek
City Brown Spring (No. _____)

Registration District No. 911
Primary Registration District No. 4227

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

2. FULL NAME

Edna Estelle Clayton 423

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23 1905</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>1</u>
	DAYS <u>7</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>housewife</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) <u>Brown Spring Mo</u>		
FATHER	13. NAME <u>Henry Goswick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Zilla Carriger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT <u>Anderson Clayton</u> (ADDRESS) <u>Brown Spring Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Jones Cem</u>	DATE <u>Oct 1 1937</u>
19. UNDERTAKER <u>Gene E. Aldren</u> (ADDRESS) <u>Hartsville Mo</u>		
20. FILED 19 <u>Henry Worthy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11 1937 to Sept 30 1937
I last saw her alive on Sept 29 1930 Death is said to have occurred on the date stated above, at 10:45 am.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset _____

Other contributory causes of importance: 100% -

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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) F. W. Worthy, M.D.
Hartsville Mo
830 (Address)

