

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

35970

Do not use this space.

DEC'D NOV 22 1938

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Jasper Primary Registration District No. 3030 Registered No. _____
 (c) City Garthage (d) Street No. McCune - Brooks Hospital 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

43
 (a) Residence, No. 122 Meridian 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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, . hrs. or min.
0 0 0 17

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) Garthage Missouri

FATHER 13. NAME Tom Lee Clayton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County Missouri

MOTHER 15. MAIDEN NAME Ethel Aleshew
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeler County Missouri

17. INFORMANT (ADDRESS) Tom Lee Clayton 122 Meridian Garthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE Oct. 2 1938

19. FUNERAL DIRECTOR Kneel Mortuary (ADDRESS) Garthage, Mo.

20. FILED Oct. 1, 1938 E. J. McIntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9:30, 1938, to 9:30, 1938
 I last saw him/her alive on 9:30, 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Premature birth

Date of onset

Other contributory causes of importance: 15A

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) Russell Smith M. D.
 (Address) Garthage, 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.

RECEIVED

Health Officer No. 6,

District File Number 6-38-574

Date Filed NOV 10 1938

STATEMENT BY LICENSED EMBALMER

I, J. W. K. Mille, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. W. K. Mille

Licensed Embalmer No. 814

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.)