

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

Do not use this space.

DEC'D JAN 25 1939

42217

1. PLACE OF DEATH

County Barry 2 Registration District No. 34
 Township Liberty 1 Primary Registration District No. 5050
 City Lucinda Katherine Henson Clayton (No. 435) St. _____ Ward _____

File No. _____
 Registered No. 27

2. FULL NAME

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 12 5 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Missouri

13. NAME Robert Henson

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Mrs. Ida Butler

(ADDRESS) East Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE Dec. 17 1938

19. UNDERTAKER Callison Funeral Home

(ADDRESS) 1123 1/2 Ave. N. W.

20. FILED Dec. 16 1938 Mrs. H. O. Seary Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1938, to Dec. 16 1938

I last saw her alive on Dec. 16 1938 Death is said to have occurred on the date stated above, at 8:15 a. m.

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

Chronic Nephritis Date of onset _____

Other contributory causes of importance: 121

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 _____, 1938

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 Yes

(Signed) Clayton H. Seary M. D.

(Address) Cassville, 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.

