

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

Do not use this space.

REC'D MAR 16 1939

1. PLACE OF DEATH

89 County Ray 2 Registration District No. 743

Township Orrick 1 Primary Registration District No. 5970

City Orrick - Mo. (No. 4) St. Ward (Ward)

2. FULL NAME Infant Son, of, Mr. & Mrs. Mack Claypole

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Feb. 19, 1939

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

*

*

*

OCCUPATION

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

None

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)

Orrick Mo.

FATHER MOTHER

13. NAME Mack Claypole

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

Henrietta Mo.

15. MAIDEN NAME Ora Brinkley

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

Orrick Mo.

17. INFORMANT (ADDRESS)

Mack Claypole Orrick Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Craven Cemetery Feb. 20, 1939

19. UNDERTAKER (ADDRESS)

E. Thurman Richmond Mo.

20. FILED _____ 19 _____

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1939

22. I HEREBY CERTIFY, that I attended deceased from Feb 19 - 1939, to Feb 19 - 1939

I last saw him alive on Feb 19 - 1939 Death is said to have occurred on the date stated above, at 5/10 P.M.

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

Asphyxiation in
birth about
24 hours before labor.

Other contributory causes of importance:

Malposition of
uterus of Multipara.

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) E. E. Jay

(Address) Richmond Mo.

89

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number

3/3/39

Date Filed

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7620
Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 743
 (b) Township Orwick Primary Registration District No. 2970
 (c) City (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 Stillborn son of mrs Mack Claypole
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-19-1939

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

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) Orwick Mo

FATHER
 13. NAME Mack Claypole
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henryetta Mo

MOTHER
 15. MAIDEN NAME Ora Bridgley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orwick Mo

17. INFORMANT (ADDRESS) Mack Claypole Orwick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Raven Cem DATE 2-20-1939

19. FUNERAL DIRECTOR (ADDRESS) E. Thurman Richmond Mo

20. FILED 4/24/39 W. Campbell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-14-1939 to 2-19-1939
 I last saw h. alive 19..... Death is said to have occurred on the date stated above, at 5:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Asphyxiation in utero about 24 hours before labor
 Date of onset

Other contributory causes of importance:
malposition of uterus of multipara

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) E. E. Say M. D.
 (Address) Richmond Mo

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

REGISTRATION OF BIRTHS AND DEATHS IS VERY IMPORTANT.

