

REC'D MAY 10 1939

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

14035

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. Washington Hotel 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

400 Alvin Brown Clay
(a) Residence, No. Jefferson City, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Lettie Clay</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8, 1878</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>9</u>
		<u>19</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Railroad</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>California, Missouri</u>		
13. NAME <u>Thomas Clay</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>		
15. MAIDEN NAME <u>No Record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Lettie Clay</u> <u>Jefferson City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson City</u> DATE <u>4/28/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>QUIRK & TOBIN CO.</u> <u>Kansas City, Mo.</u>		
20. FILED <u>Apr 29 1939</u> <u>M. M. Browne</u> <u>Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-39 19

22. I HEREBY CERTIFY That I attended deceased from 10:00 p.m. to 3:50 p.m. Death is said to have occurred on the date stated above, at 3:50 p.m. The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Chronic coronary occlusion
Chronic myocardial infarction

Other contributory causes of importance: 94B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. H. Miller M. D.
(Address) Gen Hosp, H.C. Mo.

(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.

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DEC 10 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.