

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

14505
Do not use this space.

DECD MAY 18 1939

1. PLACE OF DEATH

(a) County Cass Registration District No. 138

(b) Township Wagon Primary Registration District No. 4078 Registered No. 10

(c) City Norborne (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 Warren Ray Clayton

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 29 - 1939</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>1</u> If LESS than 1 day, 10 hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Child</u>	
	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) <u>Norborne, Mo</u>		
FATHER	13. NAME <u>Marion Clayton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norborne, Mo</u>	
MOTHER	15. MAIDEN NAME <u>Joyce May</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norborne, Mo</u>	
17. INFORMANT (ADDRESS) <u>Marion Clayton Norborne, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Norborne, Mo</u> DATE <u>May 1</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>H. S. Straub</u>		
20. FILED <u>4-30-1939</u> <u>Bellevue</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1939, to 4-30, 1939
I last saw him alive on 4-30, 1939 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
intercranial pressure
Date of onset 4-29-39

Other contributory causes of importance: 16 lb

Name of operation None 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) R. C. Cole, M. D.
(Address) Norborne, Mo

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.

RECEIVED
District Health Officer No. 8,
District Filo. Number
Date Filed 2/2/39

STATEMENT BY LICENSED EMBALMER

I, Mr. J. J. Straub Licensed Embalmer No. 2406

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Was not embalmed

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

Signed Mr. J. J. Straub
Licensed Embalmer No. 2406

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.)