REC'D JUL 19 1939

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

22977
Do not use this space.

1. PLACE OF DEATH 82
(a) County Pike 2
(b) Township Ashley 1
(c) City Ashley
Registration District No. 683
Primary Registration District No. 5911
Registered No. 5
(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 416 James W. Clifford
(a) Residence, No. ..... 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Prewitt Clifford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 20 - 1853
7. AGE YEARS 86 MONTHS 2 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Clarksville Mo

FATHER
13. NAME Benz P. Clifford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Lucinda Pepper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Charles Clifford Ashley Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville DATE 6-5-39
19. FUNERAL DIRECTOR (ADDRESS) Harry Carroll Clarksville Mo
20. FILED 6-5 1939 Mrs Lyss Moore Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/3/39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 1928, to to 6/3, 1939
I last saw him alive on 6/3/39, 19..... Death is said to have occurred on the date stated above, at 9:30 m.,
The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon — Date of onset 1938

Other contributory causes of importance: Age (old) 46

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) F. H. Mathews M. D.
837 (Address) Bowling Green 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.

50M-7-20-37 I X12004

RECEIVED
District Health Officer No. 10
District File Number 7-39-1183
Date Filed JUL 10 1939

STATEMENT BY LICENSED EMBALMER

I, Harry L. Larrow, Licensed Embalmer No. 2439

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Harry L. Larrow

Licensed Embalmer No. 2439

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.)