

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

35774
Do not use this space.

1. PLACE OF DEATH **2**
 (a) County Cedar Registration District No. 165
 (b) Township Linn Primary Registration District No. 5231 Registered No. 36
 (c) City Stockton (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 4-5 **Elmer E. Clayton**
 (a) Residence, No. Stockton, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha A. Clayton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 9 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Timber Dealer
 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) Webster Co., Mo.
 FATHER 13. NAME James Clayton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 MOTHER 15. MAIDEN NAME America J. Hargis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.
 17. INFORMANT Ralph Clayton
 (ADDRESS) Stockton, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE 10-12- 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. DAVIS & CO.
Stockton, Mo.
 20. FILED Oct 13 1939 Mrs Winnie Carleton
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-39 1939
 22. I HEREBY CERTIFY, That I attended deceased from October 9, 1939, to Oct. 10, 1939
 I last saw him alive on Oct. 10, 1939 Death is said to have occurred on the date stated above, at 3:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Cancer of colon
(exact site unknown)
 Date of onset ?
 Other contributory causes of importance: 46
 Name of operation None Date of _____
 What test confirmed diagnosis? X-Ray Was there an autopsy? no
 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? no
 If so, specify _____ (Signed) Bernard C. Allen M. D.
 (Address) Stockton, 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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
50M-9-19-38
I X16603

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. 3335

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.