

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

Do not use this space.

FILED MAR 1 - 1940

8465

**1. PLACE OF DEATH**

County Vernon

Registration District No. 870

Township \_\_\_\_\_

Primary Registration District No. 6153

City Deerfield Coal (No. 418)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Frank Elsworth Clyburn

(a) Residence, No. Deerfield RFD. 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**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	75	6	13	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) La port county, Ind. (STATE OR COUNTRY)

FATHER 13. NAME Joseph Henry Clyburn

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

MOTHER 15. MAIDEN NAME Ella C. Taber

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

17. INFORMANT Chas. Crave Clyburn (ADDRESS) Deerfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksburg Cem. DATE Feb. 13, 40

19. UNDERTAKER C. E. Huffine (ADDRESS) Fort Scott, Mo.

20. FILED Feb 28, 1940 Mrs. M. B. Pugh Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 10, 40 to Feb. 11, 1940

Last saw him alive on Jan 27, 40. Death is said to have occurred on the date stated above, at 10:55 AM.

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

Chronic Osteomyelitis 47 yrs. age  
Chronic Myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) C. E. Huffine, M. D.  
(Address) Fort Scott, Ks.

WRITE PLAINLY, WITH UNFADING INK. 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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