

FILED APR 18 1940

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

Do not use this space.

1. PLACE OF DEATH

County ReisalbRegistration District No. 260Township OsbornPrimary Registration District No. 4159City Osborn (No.)Registered No. 10811 Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St. Osborn Ward

(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)

Infant

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

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

Mar-19-1940

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Infant

9. Industry or business in which work was done, as silk mill, 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)

Osborn Mo.

13. NAME

Claud Clayton

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

Eupora Mo.

15. MAIDEN NAME

Hazel Morgan

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

Clinton Mo.

17. INFORMANT (ADDRESS)

Glen O. Winger
St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE OsbornDATE Mar 20 1940

19. UNDERTAKER (ADDRESS)

F. J. Brown
St. Louis Mo.

20. FILED

Mar 20 1940 Mildred Mc Mahill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-19 1940

22. I HEREBY CERTIFY, That I attended deceased from

Mar-19 1940, to Mar-19 1940I last saw him alive on Mar-19 1940. Death is said to have occurred on the date stated above, at 1:00 m.

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

Heart attack and
renal atrophyDate of onset
3-19-40

Other contributory causes of importance:

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? noIf so, specify (Signed) R. M. Steckman M. D.(Address) Plattsburg Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1-20314

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.

Examined and found correct

RECEIVED

District Health Officer No. 11;

District File Number

Date Filed

440-539
APR 12 1940

The body who name
appears on report page
was furnished by me

J. G. Ligon

Lic # 952

Stewartville Md.