

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.

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

Do not use this space.

11

DEC 15 1934

42718

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. 810, E. Franklin St. 1 Ward)

File No. _____
Registered No. 65
St. 1 Ward

2. FULL NAME

(a) Residence, No. 810 E. Franklin St., 1 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stacie Burton</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-15-1870</u> | | | | |
| 7. AGE | YEARS <u>64</u> | MONTHS <u>9</u> | DAYS <u>18</u> | IF LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Garage</u> | | | |
| | 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>Staussas</u> | | | | |
| FATHER | 13. NAME <u>James B. May</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Unknown</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | | |
| 17. INFORMANT <u>Clarence May</u> (ADDRESS) <u>Clinton, Missouri</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>12-2-1934</u> | | | | |
| 19. UNDERTAKER <u>Miss General Home</u> (ADDRESS) <u>Clinton, Missouri</u> | | | | |
| 20. FILED <u>12-3</u> 1934 <u>J. B. Hamilton</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Dec 1, 1934
I last saw him alive on Nov 29, 1934. Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of prostate gland Date of onset 1934
Diabetes mellitus 1930

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Clinical. 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) S. B. Hughes, M. D.
(Address) Clinton, Mo.

