

FEB 17 1937

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

Do not use this space.

1049

1. PLACE OF DEATH

County Harrison
Township White Oak
City _____ (No. _____) St. _____ Ward _____

Registration District No. 340
Primary Registration District No. 5476

File No. _____
Registered No. _____

2. FULL NAME

James W. Claytor
(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF - Nelly J. Clayton Deceased (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 999

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) Sauwell co (STATE OR COUNTRY) Virginia

13. NAME Samuel Claytor

14. BIRTHPLACE (CITY OR TOWN) Sauwell co (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Margaret Six

16. BIRTHPLACE (CITY OR TOWN) Sauwell co (STATE OR COUNTRY) Virginia

17. INFORMANT W. H. Noble (ADDRESS) New Hampton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE Jan 6 1937

19. UNDERTAKER W. H. Noble (ADDRESS) New Hampton Mo

20. FILED Feb 10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ p.m.

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

Apoplexy. Date of onset _____

Other contributory causes of importance: Stroke

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) Joe E. Wheeler, Coroner

(Address) Bethany, Mo.

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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