MAY 2 0 1928

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

Do not use this space.

85

12357

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 470
City St Joseph Mo. (No. ..... St. ..... Ward)

2. FULL NAME Octavia Clay
(a) Residence. No. 925 N 7th 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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 - 1895

7. AGE: Years 32 — Months ~~10~~ 9 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work General housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gower Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Joe Clay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Eastern Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Angeline Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bankroom Va.
(STATE OR COUNTRY)

14. INFORMANT Mrs Mary Clay Thomas
(Address) 925 N 7th St

15. FILED APR 13 1928 John G. Utz Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/11 1928

17. I HEREBY CERTIFY, That I attended deceased from November 7, 1926, to April 11, 1928 that I last saw her alive on April 9, 1928, and that death occurred, on the date stated above, at 10:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

(duration) 1 yrs. 5 mos. 4 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) J. D. Sexton, M. D
4/16, 1928 (Address) St. Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: City cemetary — DATE OF BURIAL: 4-14 1928

20. UNDERTAKER: B. F. Graves — ADDRESS: 1309 N 4 St

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.