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

Do not use this space.

19778

1. PLACE OF DEATH
County: Jasper — Registration District No.: 411 — File No.:
Township: — Primary Registration District No.: 2002 — Registered No.:
City: Joplin Mo. — No.: — St.: — Ward:

2. FULL NAME: Governor Stephen Hugh Clayecomb
(a) Residence. No. 504 Jackson 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillie E. Clayecomb

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 3-1847

7. AGE: Years 82 — Months 9 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN): Auchbridge
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: George W. Clayecomb
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Va.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Elizabeth Winning
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Va.
(STATE OR COUNTRY)

14. INFORMANT: Hugh Clayecomb
(Address): 1427 W 9th St

15. FILED 6-8, 1930 — A. Benow Clark, REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 6 1930

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1930 to June 6 1930 — that I last saw h. alive on June 6 1930 and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral arteriosclerosis
— Cerebral brain hemorrhage
108 P
8911 (duration) 5 yrs. — mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia —
(duration) yrs. mos. 2 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? Clinical & Laboratory
(Signed) Ralph E. Neff, M. D.
6/6, 1930 (Address) Joplin 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: Ozark Memorial Park — DATE OF BURIAL: June 9 1930
20. UNDERTAKER: Frank-Reiss Co. — ADDRESS: Joplin Mo

... of information should be carefully supplied ... stated EXACTLY. PHYSICIANS should state ... DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No. .....

Township ..... — Primary Registration District No. 2002 — Registered No. .....

City Joplin (No. ....., ... St. ..... Ward)

2. FULL NAME Stephen Hugh Claycomb

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	M

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

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

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

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

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 8/2/, 1930 A. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral arteriosclerosis
Central brain hemorrhage
..... (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED? 1010
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D
, 19 (Address)

*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	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

N. B.—Every item ... PLAINLY, WITH UNFAD... ed. AGE should ... PERMANENT RECORD
CAUSE OF ... very item of information should be carefully supplied. Classified ... ld 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-19778