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

Do not use this space. 1613

1. PLACE OF DEATH
55 County Lawrence — Registration District No. 468 — File No.
2 Township — Primary Registration District No. ~~4289~~ 4281 — Registered No. 4
6 City Marionville (No. ..., ... St. ..... Ward)

2. FULL NAME James Clanton

(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 17 1859

7. AGE: Years 72 — Months 2 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Arkansas 2

PARENTS
10. NAME OF FATHER: Harrison Clanton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know 31
12. MAIDEN NAME OF MOTHER: Martha Burkett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia 2

14. INFORMANT: Clyde Clanton
(Address) Marionville

15. FILED Feb 6, 1932 Mrs R Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1932, to Jan 23, 1932, that I last saw him alive on Jan 21, 1932, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A 82A
102 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Hypertension
7 (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (1)
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J R Doggett, M. D.
1-24, 1932 (Address) Crane 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: Marionville Mo — DATE OF BURIAL: Jan 24 1932

20. UNDERTAKER: Bradfords Funeral Home — ADDRESS: Marionville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932