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

Do not use this space.

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APR 24 1933

79

1. PLACE OF DEATH

County Perry — Registration District No. 1161 — File No. 2635

Township St Marys — Primary Registration District No. 5881 A — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William F Clifton

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary F Murray

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 23 1853

7. AGE: Years 79 | Months 6 | Days 20 | 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): General Farming
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Benjamin Clifton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Perry Co Mo
12. MAIDEN NAME OF MOTHER: Cashion
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): .....

14. INFORMANT: John Clifton
(Address): Yount Mo

15. FILED 4/1 1933 Reuben Edmond
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-10 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 Jan 10, 1933, to ..... 19..., that I last saw h..... alive on Jan 6, 1933, and that death occurred, on the date stated above, at 9.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sudden heart blood
or thrombus
Influenza 2 weeks
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis
(duration) 10 yrs. ..... mos. ..... ds.

118

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Geo H. Bloylock, M. D
, 19 (Address) Perryville 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: Yount Cem — DATE OF BURIAL: 1 11 1933

20. UNDERTAKER: Boellner & Young — ADDRESS: Perryville 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.