WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

33352

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 4002 — Registered No.
City K.C. Mo (No. Gen'l Hosp #2 St. 4299 Ward)

2. FULL NAME Eli Clay
(a) Residence, No. 630 Harrison 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

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

7. AGE: YEARS 61 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 174
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 103

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Maymie Clay 615 Cottage Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn K.C. Mo. DATE 11 4 19

19. UNDERTAKER (ADDRESS) Flynn + Greenstreet K.C. Mo.

20. FILED 11-3 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dignity Corner, 19.... to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of the Abdomen	
Laceration of spleen	
Hemoperitoneum	

Other contributory causes of importance: 174

Name of operation Laparotomy Date of 10/29/33
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Homicide Date of injury 10/29/33
Where did injury occur? 630 Harrison Kcmo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Stabbed in abdomen
Nature of injury Hymorrhage

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M.D.
(Address) Kcmo