

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

Do not use this space.

32309

1. PLACE OF DEATH

County St. Louis
Township
City Clayton (No. 7718 Bonhomme Avenue)

Registration District No. 790
Primary Registration District No. 6032e

File No.
Registered No. 323

2. FULL NAME Mollie Clayborne

(a) Residence, No. 7718 Bonhomme Avenue St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unavailable 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) Widow

5A. ~~NEVER MARRIED~~ WIDOWED, ~~OR DIVORCED~~
HUSBAND OF (OR) WIFE OF John Henry Clayborne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk., Abt. 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Abt. 73 Unk.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Saint Louis County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME William Ellis

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Cosby

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Joseph France
7718 Bonhomme Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Muskege Cemetery DATE Aug. 20, 1936

19. UNDERTAKER (ADDRESS) Charles J. Bates
4107 Finney Avenue

20. FILED 8/20 1936 Dr. J. Signorilli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17th, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29th, 1936 to August 17, 1936
I last saw her alive on August 17, 1936 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 4-29-36

Other contributory causes of importance:
Atherosclerosis ?

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XXXXX Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) E. E. Barnett, M. D.
(Address) 209 South Kirkwood Road, Kirkwood, Missouri

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.

SEP 29 1936

