

Exact statement of OCCUPATION is very important.

Dr. K.E. Baker
FEB 17 1937

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

Do not use this space.

45135

1. PLACE OF DEATH
County Jasper Registration District No. 408
Township Carthage Primary Registration District No. 3020
City Carthage (No. Mc-Cune-Brooks Hospital) St. Ward
2. FULL NAME J. Charles Clayfield
(a) Residence, No. 1736 S. Maple St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mary E. Lester Clayfield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1849
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 87 3 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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)
11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1936
22. HEREBY CERTIFY, That I attended deceased from Dec 29, 1936, to Dec 31, 1936
I last saw him alive on Dec 31, 1936. Death is said to have occurred on the date stated above, at 5:45 pm
The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis
Disease
Other contributory causes of importance: Scurvy

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
13. NAME John Clayfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Mrs. Lillian Whitman (daughter) (ADDRESS) Tulsa, Okla.
18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Jan. 4, 1937
19. UNDERTAKER Ulmer Funeral Home (ADDRESS) Carthage, Missouri
20. FILED Jan 4, 1937 S. B. Clinton Registrar.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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?
If so, specify
(Signed) K.E. Baker, M. D.
(Address) Carthage, Mo.

