

CROSS OF DEATH IN PRIMARY TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Oregon
Township Liney
City Alton

Registration District No. 636
Primary Registration District No. 5844

File No. 12860
Registered No. 16

2. FULL NAME

William Adrain Clapp

(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 56 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Clapp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 1883

7. AGE YEARS 54 MONTHS 1 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) unknown 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Ala

13. NAME Tillman Clapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Dealia Riggins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Jane Clapp (ADDRESS) Alton Mo R 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Cone Spring DATE Mar 6 1937

19. UNDERTAKER neighbor (ADDRESS) none

20. FILED 4/2 1937 Enoch Bailey Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1936 to March 1937. I last saw him alive on Dec 21 1936. Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

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) Prohibition _____, M. D.

(Address) Alton

