

Exact statement of OCCUPATION is very important.

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

Do not use this space.

**JUN 12 1937**

**791**  
**1003**

17946  
 4522

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
 Township ..... Primary Registration District No. ....  
 City ST. LOUIS (No. PEOPLES HOSPITAL) St. .... Ward)

**2. FULL NAME**

ANNA CLAY  
 (a) Residence, No. 812 N. CARDINAL 21 Ward. (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX FEMALE 4. COLOR OR RACE COL. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John Clay DC

22. I HEREBY CERTIFY, That I attended deceased from 4-15-1937, to 4-27-1937  
 I last saw him alive on 4-27-1937. Death is said to have occurred on the date stated above, at 1 A. M.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15, 1882

7. AGE YEARS 54 MONTHS 6 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

Date of onset  
TUBERCULOUS MENINGITIS 4-7-37

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

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 .....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Huntingdon (STATE OR COUNTRY) Tenn

13. NAME Henry Dalton  
 14. BIRTHPLACE (CITY OR TOWN) Huntingdon (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Lulu ?  
 16. BIRTHPLACE (CITY OR TOWN) Huntingdon (STATE OR COUNTRY) Tenn

17. INFORMANT Clarence Walker (ADDRESS) 812 No. Cardinal

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 2nd 1937

19. UNDERTAKER Jas. H. Randle & Son (ADDRESS) 920 No. Leonard Ave

20. FILED MAY 1 - 1937 J. J. Bredsch Registrar.

Name of operation ..... 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? ..... 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) C. M. Jones M. D.  
 (Address) 3447 Pine Blvd

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