

REC'D FEB 10, 1939

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

362
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 362
(c) City Saint Louis (d) Street No. Homer G. Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

435 Amanza Clayton
(a) Residence, No. 3337 Laclede Avenue St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
29 -- 7

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

12. BIRTHPLACE (CITY OR TOWN) Morton
(STATE OR COUNTRY) Mississippi 1

FATHER 13. NAME Ike Clayton

14. BIRTHPLACE (CITY OR TOWN) Morton
(STATE OR COUNTRY) Mississippi 1

MOTHER 15. MAIDEN NAME Emma Myers

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) 11

17. INFORMANT Oceolar Mitchell
(ADDRESS) 3337 Laclede Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Morton, Miss. DATE 1/12/39

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107-09 Finney Avenue

20. FILED JAN 11 1939
J. D. Bricker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939 to January 8th, 1939

I last saw her alive on January 8th, 1939. Death is said

to have occurred on the date stated above, at 5:50 m. a. m.

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

Acute intestinal obstruction
due to post-operative adhesions

from appendectomy
performed years ago

Date of onset
1/7/39

Other contributory causes of importance:

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) Richard H. Hines M. D.
(Address) Homer G. Phillips Hosp.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.