

Aug 7 1939

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

27022
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 836
 (b) Township Liberty Primary Registration District No. 6098A Registered No. 24
 (c) City or Street No. _____
 (d) Street No. _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Ada Clayton
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 5A. IF MARRIED, WIDOWED OR DIVORCED (OR) WIFE OF J. H. Clayton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 - 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 | 9 | 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edger Ark
 FATHER 13. NAME Robert Daugherty
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 MOTHER 15. MAIDEN NAME Emma Hurley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 17. INFORMANT (ADDRESS) J. H. Clayton
Bernie mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Malden mo DATE 7-8 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell Piggott ark
 20. FILED 7-11 1939 Laura Hopkins local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1939
 22. I HEREBY CERTIFY That I attended deceased from June 30th 1939, to July 6th 1939
 I last saw him alive on July 5th 1939. Death is said to have occurred on the date stated above, at 9:05 m.
 The principal cause of death and related causes of importance were as follows:
Carbuncle over sacrum
 Date of onset June 25 1939
 1330
 Other contributory causes of importance:
Bronchitis Pneumonia 7/4/39
Pyelitis 7/3/39
 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? 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) St. Mitchell M. D.
 (Address) Malden mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

30000-1 X18605

RECEIVED

District Health Officer No. 2,

District File Number 839-114

Date Filed 2-4

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.....

Lloyd Russell
working under my personal supervision.

Registered Apprentice No.....

Signed

Lloyd Russell

Licensed Embalmer No. 509

P. O. Address Piggott Ark.

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.