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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17780

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
In this community 12 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alvin DeWitt Clifton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 16 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 18 hr. min.

9. Birthplace Racine Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Hotel Owner

11. Industry or business _____

MOTHER FATHER { 12. Name Charley A. Clifton
13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Nancy Jane Clifton
15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Clifton
(b) Address 402 North Wall Street

17. (a) ~~burial-removal~~ (b) Date thereof May 7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Highland Park Cem, Pittsburg, Kns

18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin Missouri

19. (a) 5-7-47 (b) Delores Lemplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 402 North Wall Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1947 hour 10 minute 27 p. M.

21. I hereby certify that I attended the deceased from 14-22-47 1947 to 5-4-47 1947
that I last saw him alive on 5-4-47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to 6 5-4-47
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations CPA
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Walter Howard (M.D. or other) _____
Address Joplin Mo Date signed 5/6/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

