

DEC 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township
City Bronville Mo (No. St. Joseph Hospital)

Registration District No. 218Primary Registration District No. 3015File No. 41070Registered No. 111

2. FULL NAME

(a) Residence, No. Alonzo Newton ClaySt. Lupus Mo. 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

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Mrs. A. N. Clay

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

Oct 20 - 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

50111

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

Farmer

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

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

Missouri

13. NAME

Columbus Clay

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

Missouri

15. MAIDEN NAME

Bertha Remel

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

Missouri

17. INFORMANT

Mrs. A. N. Clay

(ADDRESS)

Lupus Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Zion CemDATE 12-3

1937

19. UNDERTAKER

C. Albert Hornbeck

(ADDRESS)

Praine Home Mo

20. FILED

Dec 2 1937D. Cooper

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

12-1-1937

22. I HEREBY CERTIFY, That I attended deceased from

11-2-37 to 12-1-37I last saw him alive on 11-30-37 Death is saidto have occurred on the date stated above, at 10:45 m.

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

Septicemia
Right foot & leg
104°

Date of onset

11-2-37

Other contributory causes of importance:

Picked splinters out
of left side of Right
Thigh of Right foot
with dirty knife blade 11/20/37

Name of operation 11/20/37 Date ofWhat test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury NoWhere did injury occur? No

(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 No24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify of murther!(Signed) A. G. Meredith, M. D.(Address) Praine Home Mo

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.

