

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

Do not use this space.

20181

1. PLACE OF DEATH

68 County Monteau
Township Linn
City (No.) (Name)

Registration District No. 574
Primary Registration District No. 5722A

File No. 1932
Registered No. 7
St. Ward)

2. FULL NAME

John Moore Clay

(a) Residence No. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. 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) Francis Ellen Clay

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min. 72 19 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monteau, Mo
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Green Clay

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ellen Hudson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Mildred Paddock
(Address) St. Louis, Mo

15. July 5 1932 Ellis E. Raikes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1932

17. I HEREBY CERTIFY that I attended deceased from Mar 1 1931 to June 27 1932
that I last saw him alive on July 2 1932 and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis

CONTRIBUTORY (SECONDARY) Unknown
Chc Prostatitis
(duration) yrs. mos. da. Unknown
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH no

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A R Meredith, M. D
(Address) Prarie Home No 6-29, 1932

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Zion Cem DATE OF BURIAL 6 29 1932

20. UNDERTAKER C. Albert Hornbeck ADDRESS Prarie Home

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 importa...

APR 25 1932

