

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.

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

Do not use this space.

NOV 9 1935

34091

1. PLACE OF DEATH

County
Township
City St. Louis (No. 3511 Iowa)

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. 8512
St. Ward

2. FULL NAME William J. Clayborne

(a) Residence, No. 3511 Iowa St. 24 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF Decia C. Clayborne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87. --- 12.

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. Retired
10. Date deceased last worked at this occupation (month and year) Retired 20 yrs. 11. Total time (years) spent in this occupation. 50 Yrs.

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

13. NAME Addison Clayborne

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

15. MAIDEN NAME Mary Ann Porter

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

17. INFORMANT (ADDRESS) Miss Thomas Clayborne
3511 Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonne Terre DATE Oct 12 1935

19. UNDERTAKER (ADDRESS) D. W. McLaughlin
2301 Lafayette

20. FILED OCT 11 1935 J. H. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1935

22. I HEREBY CERTIFY, that I attended deceased from Jan 9 1936, to Oct 9 1935.
I first saw him alive on 10-9 1935. Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:

Chc. Myocarditis
930
arteriosclerosis -
general.

Other contributory causes of importance: none
Name of operation none Date of ---
What test confirmed diagnosis? Exam Was there an autopsy? ---

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 Joseph B. Carney M.D.
(Signed) 525 Frisco Bldg.
(Address)

