

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

Do not use this space.

11311  
2032

**1. PLACE OF DEATH**

County... *St. Francois*  
Township... *Flat River Mo.*  
City... *Flat River Mo.*

Registration District No. *224*  
Primary Registration District No. *6580*  
*4465-*

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Ruth G. Claywell</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 2 1853</i>		
7. AGE YEARS <i>78</i>	MONTHS <i>2</i>	DAYS <i>11</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Coal dealer</i>		
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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 13 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 13 1931* to *Mar 13 1931*, 19...  
I last saw h. *in* alive on *Mar 13 1931* Death is said to have occurred on the date stated above, at *2:10 p.m.*  
The principal cause of death and related causes of importance were as follows:  
*Tetanus. Developing from injury to Shin left ankle finger*  
*22 1931*  
Other contributory causes of importance: *(1)*

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Genevieve Mo.</i>
	13. NAME <i>Shade Claywell</i>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cynthiana Kentucky</i>
	15. MAIDEN NAME <i>Louise Furley</i>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Genevieve Mo.</i>
	17. INFORMANT (ADDRESS) <i>Sue M. Deoman 1174 S. Olive Ave. St. Louis Mo.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Parkview DATE 3/16/31</i>	
19. UNDERTAKER (ADDRESS) <i>W. A. Caldwell 2nd St. St. Louis Mo.</i>	
20. FILED <i>Mar 30 1931 W. G. Bryan Registrar.</i>	

Name of operation: *(Signature)* Date of: *(Signature)*

What test confirmed diagnosis? ..... 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.  
*at home*

Manner of injury: .....  
Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify: .....

(Signed) *W. G. Bryan* M. D.  
(Address) *2nd St. St. Louis 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.

MAY 27 1931

