

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.

NOV 28 1932

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

Do not use this space.

33354

1. PLACE OF DEATH

County St. Francois

Township St. Francois

Near Farmington, Mo.

(No.)

Registration District No. 773

Primary Registration District No. 6018A

State Hospital No. 4

File No.

Registered No. 109

St.

Ward)

2. FULL NAME Ruah Claywell

(a) Residence, No.

(Usual place of abode)

St.

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF S. P. Claywell

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

2-19-53

7. AGE

YEARS

79

MONTHS

7

DAYS

18

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

Housewife

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)

Ind.

13. NAME Thomas Gates

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

Ind.

15. MAIDEN NAME Jane Jones

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

Ohio

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION OR REMOVAL

PLACE

DATE

10-9-32

19. UNDERTAKER

(ADDRESS)

Goodwell Bros
1214 E. 1st St.
Farmington, Mo.

20. FILED 10-7- 1932

V. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct. 7,

1932

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 31,

1932, to Oct. 7,

1932

I last saw him alive on Oct. 7, 1932. Death is said

to have occurred on the date stated above, at 2:25pm.

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

Myocarditis, chronic

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

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?

If so, specify

(Signed) Ralph Hanks

, M. D.

(Address) Farmington, Mo.

