

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

Do not use this space.

NOV 23 1937

1. PLACE OF DEATH

County St Charles
Township St Charles
City St Charles (No. St Joseph Hospital)

Registration District No. 257
Primary Registration District No. 30³⁶

File No. 38624
Registered No. 166
St. Ward

2. FULL NAME Orville Byron Clayton

(a) Residence, No. Green Top 9mo 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. 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 Shelma chene clayton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5 40 5 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High Schools
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 11

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

13. NAME John Edwin Clayton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany, Mo.

15. MAIDEN NAME Estella Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffey, Missouri

17. INFORMANT (ADDRESS) Mabel Tucker Pattersonburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cem. DATE Oct. 9, 1937

19. UNDERTAKER (ADDRESS) L. P. Young Granton, Mo.

20. FILED 1019 1937 Clarence H. Hessel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to October 7, 1937

I last saw him alive on Oct 7, 1937 Death is said

to have occurred on the date stated above, at 9 P. m.

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

General Peritonitis
Baughous Perforated
appendicitis

Date of onset

Other contributory causes of importance:

Name of operation Appendectomy Date of act. Oct. 5

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? No

If so, specify

(Signed) Vernon A. Schmitt, M. D.

(Address) St. Charles, 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.

