

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

Do not use this space.

1. PLACE OF DEATH
 County Harrison Registration District No. 340
 Township Whiteoak Primary Registration District No. 0476
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Samuel Ash Claytor
 (a) Residence. No. _____ St. _____ 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)

File No. 31081

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Jay Claytor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 0 4

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo.

10. NAME OF FATHER Wm Claytor

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

12. MAIDEN NAME OF MOTHER Alice Stockard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo.

14. INFORMANT Manley Claytor
 (Address) J Bethany Mo

15. FILED Nov 20 1931
J W Dow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-9-1931

17. I HEREBY CERTIFY, That I attended deceased from May 4 1931 to Sept 9 1931 that I last saw him alive on Sept 7 1931, and that death occurred, on the date stated above, at 5:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach
46 B (duration) yrs 8 mos. ds.
 CONTRIBUTOR (SECONDARY) 46 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. L. Wenzel M. D.
9-11 1931 (Address) Bethany Mo

*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 DATE OF BURIAL
Missions Cemetery 9-11 1931

20. UNDERTAKER ADDRESS
S M Haas Bethany 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.

NOV 20 1931

