

MARGIN RESERVED FOR BINDING

RECEIVED  
JUN 24 1920

Sub-Registrar

Registrar

**STATE OF MINNESOTA**  
 Division of Vital Statistics  
**CERTIFICATE OF DEATH**

No. 26873  
 613

**1 PLACE OF DEATH**  
 County St. Louis  
 Township \_\_\_\_\_  
 Village \_\_\_\_\_  
 City Duluth No. 2nd Ave E. 154 St. \_\_\_\_\_ Ward \_\_\_\_\_

Reg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_  
 (Above numbers to be filled in only by local registrar or his deputy.)

**2 FULL NAME** Elias Clayton  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(X) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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. 2 ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>Black</u>	5 Single, Married, Widowed, or Divorced (WRITE the word) <u>Single</u>	16 DATE OF DEATH (month, day, and year) <u>June 15 1920</u>		
6a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			17 I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____ that I last saw h_____ alive on _____ 19____		
6 DATE OF BIRTH (month, day, and year) <u>Unknown</u>			and that death occurred on the date stated above, at _____ mo. The CAUSE OF DEATH* was as follows: <u>Strangulation by hanging to light pole. (lynched)</u>		
7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.			CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION OF DECEASED (a) Trade, Profession, or particular kind of work <u>Labaker</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Circus 243</u> (c) Name of employer <u>John Robinson Show</u>			18 Where was disease contracted _____ If not at place of death? _____		
9 BIRTHPLACE (city or town) (State or country) <u>Unknown</u>			Did an operation precede death? _____ Date of _____		
10 NAME OF FATHER <u>Unknown</u>			Was there an autopsy? _____		
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Unknown</u>			What test confirmed diagnosis? <u>C. F. McComb M.D.</u>		
12 MAIDEN NAME OF MOTHER <u>Unknown</u>			19 (Address) <u>Duluth, Conn.</u>		
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Unknown</u>			* 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. (See reverse side for additional space.)		
Informant (Address) <u>Grady &amp; Horgan</u> <u>E. W. FAHEY M. D.</u>			20 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Paul Hill Cem</u> DATE OF BURIAL <u>June 24 1920</u>		
Filed _____ DIRECTOR OF PUBLIC HEALTH			20 UNDERTAKER <u>GRADY &amp; HORGAN</u> ADDRESS <u>Duluth.</u>		