CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

33010

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4240
Township Kaw — Primary Registration District No. 1002 — Registered No. -
City Kansas City (No. 2546 Park Ave St. ..... Ward)

2. FULL NAME Phillip D. Clear
(a) Residence. No. 2546 Park St., 11 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: Mattie E Clear

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

7. AGE: YEARS about 58 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Attorney At Law
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Mrs Mattie E Clear
(Address) 2546 Park

15. FILED 10/20, 1930 M. M. Crowe REGISTRAR
Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): October 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to 10/18, 1930 that I last saw him alive on Jan 10, 1930, and that death occurred, on the date stated above, at 6 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch myocarditis
" Val alas dis
92A
93C (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 90 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
18 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H C Tupper, M. D.
10/18, 1930 (Address) 710 Prof Bldg

*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: Forest Hill Vaults — DATE OF BURIAL: Oct 21 1930

20. UNDERTAKER: D. N. Newcomer's Sons — ADDRESS: 2111 E. 9th St

Dr. H. C. Trippe
710 ~~Lafayette~~ Professional Bldg
2-5