

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

Do not use this space.

40016

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.

44 20 1931

PLACE OF DEATH  
 County Lin Registration District No. 502  
 Township \_\_\_\_\_ Primary Registration District No. 4305  
 City Marceline (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Henry Clardy  
 (a) 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. 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— Charlotte Patsy Clardy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>52</u>	<u>6</u>	<u>10</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Randolph Co  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER B. F. Clardy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leuss  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Mary Beard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Randolph Co  
 (STATE OR COUNTRY) mo

14. INFORMANT Harold Clardy  
 (Address) Ethel

15. FILED 2/19/30 19 30 REGISTRAR St. Paul

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930, to Dec 10, 1930  
 that I last saw h. \_\_\_\_\_ alive on Dec 10, 1930, and that death occurred, on the date stated above, at 1:50 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer Stomach  
46.3  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 46.3  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) St. Paul, M. D.  
 , 19 \_\_\_\_\_ (Address) Marceline 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 Union Chapel DATE OF BURIAL Dec 23, 1930

20. UNDERTAKER Joe M. Tanglin ADDRESS Marceline

710

10th  
170