

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.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9279

## 1. PLACE OF DEATH

County Cooper  
Township  
City Boonville (No. ....)

Registration District No. 218  
Primary Registration District No. 3415

File No. 28  
Registered No. 218  
St. .... Ward

## 2. FULL NAME

Edward Cleary

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6<sup>th</sup> 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 / 4 / 10

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER John Cleary

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

12. MAIDEN NAME OF MOTHER Catherine Clifford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

14. INFORMANT Miss Pauline Cleary  
(Address) Boonville Mo.

15. FILED 4/4 1931 G. A. Russell  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6<sup>th</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from March 4 1931, 19... to March 6<sup>th</sup> 1931, that I last saw him alive on March 6<sup>th</sup> 1931, and that death occurred, on the date stated above, at 2 o'clock a. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Aneurysm of aorta  
Cerebral aneurysm  
aneurysm for 3-4 yrs (duration) 2 yrs. 2 ds.

## CONTRIBUTORY (SECONDARY)

Broncho-pneumonia (duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ray + clinical finding

(Signed) Walter N. Whitaker, M. D.

3/6 1931 (Address) Boonville, 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 St Peter & Paul Cemetery Boonville Mo. DATE OF BURIAL March 10<sup>th</sup> 1931

20. UNDERTAKER Schivitzky M. Cleary ADDRESS Boonville Mo.



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WRITE PENNY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

UNITED STATES BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cooper  
Township  
City Donoville (No. .... St. .... Ward)

Registration District No. 218  
Primary Registration District No. 2013

File No. 28  
Registered No. ....

2. FULL NAME Edward Cleary

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 6-1860

7. AGE YEARS 70 MONTHS 4 DAYS 0 If LESS than 1 day, .... hrs. or ..... min.

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

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

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1931

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Other contributory causes of importance:  
Date of onset

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

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?  
If so, specify

(Signed) ..... M. D.  
(Address)

Registrar

SUPPLEMENTARY

6486-5