

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.

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

Do not use this space.

21300

1. PLACE OF DEATH  
County Lathrop Registration District No. 398  
Township Blue Primary Registration District No. 219  
City Independence (Not Indep. Southwestern) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Howard C. Clardy  
(a) Residence, No. Cole Camp Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 1 mos. 21 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  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mellie F. Clardy  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5 - 1879  
8. AGE YEARS 51 MONTHS 5 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Ford Dealer  
10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. bedelia md  
11. 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) Effel, Mo. Missouri  
13. NAME Beard F. Clardy  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tenn  
15. MAIDEN NAME Mary G. Beard  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co, Missouri  
17. INFORMANT (ADDRESS) Beard F. Clardy 630 New Ave  
18. BURIAL, CREMATION, OR REMOVAL PLACE Ethel Missouri DATE 6-4-31  
19. UNDERTAKER (ADDRESS) Lathrop Undertaking Co Independence, Mo  
20. FILED June 4 1931 Dr. J. H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1931  
I HEREBY CERTIFY That I attended deceased from May 22, 1931, to June 5, 1931.  
I last saw him alive on June 1, 1931. Death is said to have occurred on the date stated above, at 12:35 am.  
The principal cause of death and related causes of importance were as follows:  
Lymphatic Leukemia Date of onset \_\_\_\_\_  
Other contributory causes of importance: 7200  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Plum & L. Was there an autopsy? no  
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) P. M. Agee, M. D.  
(Address) Independence, Mo.

