

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

Do not use this space.

21913

*9/2/31*

1. PLACE OF DEATH  
 County Johnson Registration District No. 14  
 Township Jefferson Primary Registration District No. 3587  
 City (No. ....) St. .... Ward ....  
 2. FULL NAME Otis Lee Clear  
 (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**

2. SEX male  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-29-1931  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 yrs. 0 mos. 0 ds. 0 hrs. 0 min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) X  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Twp. Mo

10. NAME OF FATHER Edgar P. Clear  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo. Chamberlain  
 12. MAIDEN NAME OF MOTHER Anna Marie  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MO

14. INFORMANT Edgar Clear  
 (Address) W. Adams, Mo.

15. FILED 6-30-31 1931 H. J. J. J. J. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1931  
 17. I HEREBY CERTIFY, That I attended deceased from June 29 1931, to June 29 1931, that I last saw him alive on June 29 1931, and that death occurred, on the date stated above, at 12 noon

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Premature Birth  
(8 mo)  
167 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 754 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, ...  
 DID AN OPERATION PRECEDE DEATH, ... DATE OF ...  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS, clinical  
 (Signed) W. H. ..., M. D.  
 , 19 (Address) 1 Crook ...

\*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 Adams Cem DATE OF BURIAL 6/30 1931  
 20. UNDERTAKER C. L. Sault ADDRESS KM. Mo

M. 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.

JUN 25 1931

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