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.

NOV 5 1931

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

Do not use this space.

35189

File No. ____

Registered No. 94

1. PLACE OF DEATH

County Nodaway Registration District No. 625

Township Polk Primary Registration District No. 3031

City Maryville (No. Sisters of St. Francis Hospital St. ____ Ward)

2. FULL NAME John William Clardy

(a) Residence, No. R.F.D.#1, Elmo, Mo. St., ____ Ward. ____ (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 2 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	48	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 10/31

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Elmo, Mo.

FATHER

13. NAME John Harvey Clardy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Mo.

MOTHER

15. MAIDEN NAME Rebecca Pew

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

17. INFORMANT Mrs. Mary Lydia Clardy, (ADDRESS) R.F.D.#1, Elmo, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Possum Walk DATE Oct. 12, 1931

19. UNDERTAKER Price Furniture Co., (ADDRESS) Maryville, Mo.

20. FILED Oct 12 1931 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10, 1931

22. I HEREBY CERTIFY, That ~~I attended deceased from ... to ... I last saw him alive on ... 19~~ Death is said to have occurred on the date stated above, at 5.00 p.m.

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

	Date of onset
Injuries to brain, from fracture thru base of skull, sustained thru fall from horse.	10/9

Other contributory causes of importance: ____

Name of operation ____ Date of ____

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/9, 1931

Where did injury occur? near Elmo, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. near home

Manner of injury fall from horse.

Nature of injury gross wounds of medulla.

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify deceased was attending farm duties

(Signed) Chas. J. Humbard M.D. M. D.

(Address) Coroner, Nodaway Co., Mo.

JAN 6 1956