

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

Do not use this space.

36978

1. PLACE OF DEATH

County Buehayan Registration District No. 86
 Township Washington Primary Registration District No. 5727
 City Joseph (No. Buehayan County Fourth St. Ward)

2. FULL NAME

(a) Residence, No. Buehayan County, Missouri (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Do not know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1952

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 79 yrs.

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. (Retired)

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) Do Not Know

13. NAME Wm Clemmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

15. MAIDEN NAME Sarah Hinckle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

17. INFORMANT Wm. H. Oveston (ADDRESS) Atchison, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 11/25/31

19. UNDERTAKER Drigley, Stanley F. H. (ADDRESS) 218 So. 10

20. FILED WRS, 1931 J. J. [unclear] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1931, to Nov 22, 1931. I last saw him alive on Nov 21, 1931. Death is said to have occurred on the date stated above, at 7:21 a.m.

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

apoplexy
82A [unclear]

Other contributory causes of importance:

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) J. J. [unclear], M. D.
 (Address) St Joseph MO

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.

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