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

Do not use this space.

File No. 1213

Registered No. 251

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Raw — Primary Registration District No. 1002

City Kansas City (No. St. Mary's Hospl St. Ward)

2. FULL NAME Clyde Joseph Underwood

(a) Residence, No. 3614 Roberts St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ~~Mrs~~ Elsie L.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/26/1893

7. AGE: Years 38 | Months 1 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. railroad 45

10. Date deceased last worked at this occupation (month and year) 10/31 — 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma 2

FATHER

13. NAME J. J. Underwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. ~~unknown~~

MOTHER

15. MAIDEN NAME Sarah Vaughn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee ~~unknown~~

17. INFORMANT (ADDRESS) Mrs. C. J. Underwood K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Norman, Ok DATE 1/22 1932

19. UNDERTAKER (ADDRESS) Geo. H. Long K C K

20. FILED Jan 21 1932 M. M. Crane Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/ 1930 to 1-21 1932

I last saw deceased alive on 1-21 1932. Death is said to have occurred on the date stated above, at 3 a.m.

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

	Date of onset
Essential Hypertension	1928
998	
130 90	
142 90	
Other contributory causes of importance:	
Chronic Nephritis acute	Jan 1932
Pericarditis Dry	Jan 1932

Name of operation: No Date: —

What test confirmed diagnosis: Clinical & 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 0

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M. J. O'Brien, M. D.

(Address) 1034 Linwood Blvd, K.C. Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD