

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

Do not use this space.

1. PLACE OF DEATH

49 County Jasper
Township
7, City Joplin (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. 1439
Registered No. _____
St. _____ Ward _____

2) FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vanie Clendenin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 1

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

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

10. Date deceased last worked at this occupation (month and year) all his life 11. Total time (years) spent in this occupation 102

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

FATHER 13. NAME John P. Clendenin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Emily S. Kaysor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

17. INFORMANT (ADDRESS) Family

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 1-11-1932

19. UNDERTAKER (ADDRESS) John A. Kaysor

20. FILED Jan 10 1932 A. Kaysor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 - 1932

22. I HEREBY CERTIFY that I attended deceased from Jan 8 1932, to Jan 8 1932. I last saw him alive on Jan 8 1932. Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:
Heart Block Date of onset 1/8/32

Other contributory causes of importance:
95A 95W

23. 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 _____ 1

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Samuel J. ... M. D.
(Address) Boonville, Jasper Co.

ONLY, 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 every important.

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