

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

Do not use this space.

8287

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**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3019  
City Independence (No. Independence Sanitarium) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 101  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 918 Walnut 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**

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 Maude Clary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	43	3	25	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pressman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>had not worked for 8 years</u>
	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) Nebraska 2

MOTHER FATHER 13. NAME Jas. A. Clary

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

MOTHER 15. MAIDEN NAME Sarah Kinzie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

17. INFORMANT (ADDRESS) Mrs. Maude Clary  
918 Walnut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stillwell, Kas. DATE Mich. 19 1932

19. UNDERTAKER (ADDRESS) R. V. LINDSEY & SONS, Inc.  
3811 Broadway-2-79 W. 75th St.

20. FILED Mich. 16, 1932 H. C. POK Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 19 32

22. I HEREBY CERTIFY, That I attended deceased from 8/1 1932, to 3/14 1932

I last saw him alive on 3/14 1932. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Chronic Myocarditis c/31  
Hypertrophied Heart  
Chronic Nephritis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

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) William M. D.

(Address) 10307 Dulap Ave. Kansas

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.

APR 27 1932

Dr. Johnson