

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

Do not use this space.

19430

2232

1. PLACE OF DEATH **Veterans' Administration Hospital** 99 ✓  
 County **Jackson** Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. **1.002**  
 City **Kansas City, Mo.** (No. **U.S. Veterans Hospital**) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 2. FULL NAME **CLARY, Thomas Francis** C-None WOE  
 (a) Residence, No. **Rt 1, Box 368** St. \_\_\_\_\_ Ward **Pvt. Co G 2nd Mo. Inf.**  
 (Usual place of abode) **Joplin, Missouri.** (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mrs. Mary Clary</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 17, 1877</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>55</b>	<b>2</b>	<b>17</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Station Engineer</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>34</b>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) <b>Kansas City, Missouri</b> (STATE OR COUNTRY) _____				
FATHER	13. NAME <b>Thomas C Clary</b>			
	14. BIRTHPLACE (CITY OR TOWN) <b>Kansas City, Missouri</b> (STATE OR COUNTRY) _____			
MOTHER	15. MAIDEN NAME <b>Anna Flannery</b>			
	16. BIRTHPLACE (CITY OR TOWN) <b>Missouri</b> (STATE OR COUNTRY) _____			
17. INFORMANT <b>Mrs. Mary Clary (wife)</b> (ADDRESS) <b>Rt 1 Box 368</b>				
18. BURIAL, CREMATION, OR REMOVAL <b>Joplin, Missouri.</b> PLACE <b>Joplin, Mo.</b> DATE <b>6-4-32</b>				
19. UNDERTAKER <b>Freeman Mortuary</b> (ADDRESS) <b>Kansas City, Mo.</b>				
20. FILED <b>2/4</b> 19 <b>32</b> <b>W. E. Chambers</b> Registrar				

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 4, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **April 30, 1932, to June 4, 1932**  
 I last saw him alive on **June 4, 1932**. Death is said to have occurred on the date stated above, at **12:25 A.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Carcinoma of right face & neck, Squamous cell type (Biopsy at V.A. Hospital, Hines, Ill) (Primary Site)**  
 Date of onset **Unknown**  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation **None** Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Biopsy** 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? **No**  
 If so, specify \_\_\_\_\_  
 (Signed) **W. E. Chambers**, M. D.  
**W. E. CHAMBERS, M.D. Officer in Charge**  
 (Address) **Vet. Admin. Hospital, Kansas City, Mo.**



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 399  
Primary Registration District No. 1002

File No.....  
Registered No. 2232  
St..... Ward.....

**2. FULL NAME**

Thomas Francis Clary

(a) Residence, No..... 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

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

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

Cerebral 7 pt. face and neck (Date of onset)

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

(Primary St. of Cerebrum)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: none seen. u.s. 67.

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

13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

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

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury.....

PLACE..... DATE....., 19.....

Nature of injury.....

19. UNDERTAKER (ADDRESS)

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

20. FILED 6/4 3/7 m. m. Corney Registrar

If so, specify.....

(Signed)....., M. D.

(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAWS.

**SUPPLEMENTARY**

19430