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.

AUG 22 1932

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

Do not use this space.

22021

File No. 693

Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 6016 Gordon St. Ward)

2. FULL NAME Caroline Clary,

(a) Residence, No. 6016 Gordon, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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 Watson A. Clary,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	1	19	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home, 235

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County, Missouri, 1

FATHER

13. NAME Frank Soule,

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

MOTHER

15. MAIDEN NAME Bettie Longaker,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri, 1

17. INFORMANT (ADDRESS) Watson A. Clary 6016 Gordon Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE I.O.O.F. Cem. DATE July 18, 1932

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED JUL 18 1932 John R. Benden Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1932, to July 17, 1932

I last saw her alive on July 16, 1932. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Valvular Heart disease — Date of onset 1931

92A

Other contributory causes of importance:

Cardiac Dropsy (1)

Name of operation — Date of —

What test confirmed diagnosis? usual test 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) E. B. McAdow, M. D.

(Address) Dr Kalb MO.

[illegible]

[illegible]

[illegible]