

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

Do not use this space.

36643

1. PLACE OF DEATH

80 County Pettis
Township Washington
City (No.) Ward

Registration District No. 664
Primary Registration District No. 5884

File No.
Registered No. 20 St. Ward)

2. FULL NAME

(a) Residence, No. Green Ridge RR. 2 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1866
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

13. NAME Timothy Clifford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME May Connell

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

17. INFORMANT (ADDRESS) Miss Ellen Clifford Green Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary, Sedalia, Mo. 11/19/32

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia, Mo

20. FILED Nov 18 19 32 W. Shelby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1932 to Nov 17 1932
I last saw him alive on Nov 17 1932 Death is said to have occurred on the date stated above, at 4:35 a.m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Chc Myocarditis
Date of onset Nov 12

Name of operation None Date of None
What test confirmed diagnosis? Fundus Was an autopsy no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19...
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Geo B Carlisle M. D.
(Address) 314 Ohio - Sedalia 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.

9 1932
JAN

