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.

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

Do not use this space.

42656

1. PLACE OF DEATH

County ..... Registration District No. 791 [illegible]

Township ..... Primary Registration District No. [illegible]

City St Louis (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 11802

2. FULL NAME Charles B. Clancy

(a) Residence, No. 6416 Virginia St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 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)~~: Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1896

7. AGE: YEARS 36 | MONTHS 1 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator 263

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

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) Lowell, Mass 2

FATHER

13. NAME Patrick B. Clancy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1 9

MOTHER

15. MAIDEN NAME Margaret McManus

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

17. INFORMANT (ADDRESS) Patrick B. Clancy 6416 Va. St. Louis Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Boston, Mass. DATE Dec. 31, 1932

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway

20. FILED DEC 31 1932 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1932, to Dec 31, 1932

I last saw him alive on Dec 30, 1932. Death is said to have occurred on the date stated above, at 4 55 A.m.

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

Lobar Pneumonia — Date of onset Dec 14

108 108 ①

Other contributory causes of importance:

X

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 .....

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

If so, specify .....

(Signed) Chas E T Strincker, M. D.

(Address) 3861 South Broadway