

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

Do not use this space.

**26309**

**1. PLACE OF DEATH**

County Jackson Registration District No. 348  
Township Blair Primary Registration District No. 3019  
City Independence (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME**

Willis T. Clardy  
(a) Residence, No. 614 n Delaware 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva Gabriel Clardy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2 - 1866</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>3</u>
		DAYS
		<u>25</u>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Libertyville Mo.</u>		
FATHER	13. NAME <u>John Eubank Clardy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Lydia Ann Blanks</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Nannie Clardy Pastor</u> (ADDRESS) <u>614 n Delaware Independence Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn Cem</u> DATE <u>Aug 28 1933</u>		
19. UNDERTAKER <u>Ott + Mitchell</u> (ADDRESS) <u>Independence Mo.</u>		
20. FILED <u>8-27 1933</u> <u>J. L. Cook</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1933, to Aug 27 1933  
I last saw him alive on Aug 26 1933. 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:  
Encephalitis - Epidemic Date of onset 3/21/33  
17  
108  
17  
Other contributory causes of importance:  
Pneumonia, Rt Lobar 3/24/33  
(Lower)

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) George T. Thomas, M. D.  
(Address) Independence 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.

SEP 26 1933

WRITE PLEASE WITH UNFADING INK—THIS IS A PERMANENT RECORD

