

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.

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

Do not use this space.

MAR 21 1935

4651

1. PLACE OF BIRTH

County Cass
Township Peculiar
City

Registration District No. 156
Primary Registration District No. 5270

File No.
Registered No.
St. Ward)

2. FULL NAME

Wilma May 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 23-1930</u>		
7. AGE	YEARS <u>4</u>	MONTHS <u>9</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Child</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.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cass Co Mo.</u>		
FATHER	13. NAME <u>Gerrard Clary</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hadull Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Fannie Margaret Brewster</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>	
17. INFORMANT (ADDRESS) <u>Gerrard Clary Peculiar Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Orient Cemetery</u> DATE <u>2/18 35</u>		
19. UNDERTAKER (ADDRESS) <u>Randy Buge Bros & Co Harrisonville Mo.</u>		
20. FILED <u>2/16 1935</u> <u>D S Lowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1935, to 2-15 1935
I last saw her alive on 2-15 1935. Death is said to have occurred on the date stated above, at 13:05 A.M.
The principal cause of death and related causes of importance were as follows:
Febrile Pneumonia Date of onset

Other contributory causes of importance
108

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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. S. Lowe, M. D.
(Address) 124 W. Paul Harrisonville Mo.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

DATE: 10/15/64

TO: SAC, NEW YORK

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

[Illegible typed text]

[Illegible typed text]