OCT 2 2 1935

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

Do not use this space.

29668

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City (No. 3825 Baltimore St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 3822

2. FULL NAME C. Albert McClearey
(a) Residence, No. 3825 Baltimore 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Alice B McClearey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25-1870
7. AGE YEARS 65 MONTHS 9 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME T. A. McClearey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Rebecca Neff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs Alice B McClearey 3825 Baltimore
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE Sept 23 1935
19. UNDERTAKER (ADDRESS) D W Newcomer's Sons
20. FILED Sept 23 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21, 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935, to Sept 20, 1935
I last saw him ~~alive~~ on Sept 20, 1935 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brights Disease Chronic	

Other contributory causes of importance:
Myocarditis Chronic

Name of operation Date of
What test confirmed diagnosis? Urinalysis 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) R R Barning, M. D.
(Address) 9 W McGee

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.

Dr. K. R. Barnum
Thornton & Minor
926 [illegible]
Clinic 9 am 12 AM