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

DEC 19 1935

Do not use this space.

36470

1. PLACE OF DEATH

County: Jasper — Registration District No.: 417 — File No.:

Township: Joplin — Primary Registration District No.: 3021 — Registered No.: 82

City: Webb City (No. ..... St. ..... Ward)

2. FULL NAME: Clifford Stuckey

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

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: 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 16 1913

7. AGE: Years 21 — Months 11 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Webb City Mo

FATHER

13. NAME: Cash Stuckey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Bertie Osborne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webb City Mo

17. INFORMANT (ADDRESS): Charley Powell Webb City

18. ~~BURIAL, CREMATION~~, OR REMOVAL PLACE: Oak Hill Cem DATE: 11-9 1935

19. UNDERTAKER (ADDRESS): Haines-Woodard

20. FILED: 11-8 1935 J. L. Craig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-19 1935, to 10-7 1935, I last saw him alive on 11-5 1935. Death is said to have occurred on the date stated above, at 5 PM. The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Chronic Myocarditis

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) C. F. Gregory M.D.

(Address) Webb City, Mo.

MAY 7 1952

MAY 9 1952