

JAN 10 1936

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

Do not use this space.

39528

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township KAW Primary Registration District No. 1002
City Kansas City (No. 3304 Oak Street) St. _____ Ward _____

File No. _____
Registered No. 6185
St. _____ Ward _____

2. FULL NAME

Henry Clubb

(a) Residence, No. 3304 Oak 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Clubb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 5 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener
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) Carthage Missouri

13. NAME Monroe Clubb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

15. MAIDEN NAME Mary McDonald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

17. INFORMANT Mrs. Laura Clubb (ADDRESS) 3304 Oak Street

18. BURIAL OR CREMATION FOR REMOVAL PLACE Carthage, Mo. DATE December 9, 1935

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

20. FILED Dec 9 1935 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 19 35

22. I HEREBY CERTIFY, That I attended deceased from August 25, to Dec. 3, 1935
I last saw him alive on Dec. 3, 1935 Death is said to have occurred on the date stated above, at P. m. 4:50
The principal cause of death and related causes of importance were as follows:

Suffocation

Date of onset

Other contributory causes of importance:
Cancer of Thyroid gland with extensive Mediastinal

Name of operation Thyroidectomy Date of Aug. 1925
What test confirmed diagnosis? Microscopic 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? _____
If so, specify E. G. Blaw M. D.
(Signed) E. G. Blaw
(Address) 1103 Grand K.C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Professional
K 3589