

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.

FEB 10 1936

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1. PLACE OF DEATH

County Bureauham Registration District No. 35  
Township St. Joseph Primary Registration District No. 10  
City St. Joseph (No. State Hosp # 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 105  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sally J. Clements

(a) Residence, No. 517 S. Main, Independence, Mo. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph B. Clements</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 1, 1897</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>0</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) Wallington  
(STATE OR COUNTRY) Missouri

13. NAME Luther Files

14. BIRTHPLACE (CITY OR TOWN) Walleron  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Fanny Ryckles

16. BIRTHPLACE (CITY OR TOWN) Walleron  
(STATE OR COUNTRY) Kentucky

17. INFORMANT Wm. Parsons  
(ADDRESS) State Hosp # 2 St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Odeon Mo. DATE Jan 27 1936

19. UNDERTAKER Wm. Marshall Funeral Home  
(ADDRESS) Independence Mo.

20. FILED 1-26-36 John R. Bender  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1936  
22. I HEREBY CERTIFY, that I attended deceased from December 18, 1935, to January 25, 1936.  
I last saw him alive on January 25, 1936. Death is said to have occurred on the date stated above, at 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset 12/18/35  
Plum

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Auto. Log. Jackson 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

(Signed) Clifton Smith M. D.  
(Address) State Hosp # 2 St. Joseph Mo.

