

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.

AUG 24 1936

27465

1. PLACE OF DEATH
 County Newton Registration District No. 609
 Township Neesho. Primary Registration District No. 1363
 City Neesho. St. _____ Ward _____
 2. FULL NAME William B. Clement
 (a) Residence, No. Neesho. R. 1 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.

File No. _____
 Registered No. 85
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Mal.</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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14th 1879.</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>5</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerical Work</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>District Court</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan 1933</u>		11. Total time (years) spent in this occupation. <u>10 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich.</u>		
13. NAME <u>Wm Clement</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich</u>		
15. MAIDEN NAME <u>Anna Armstrong</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo Acad.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. H. Clement, Neesho. R. 1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Galena Tran.</u> DATE <u>July 20 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Loice Wood Co. Galena Tran</u>		
20. FILED <u>7-22, 1936</u> <u>Anna A. Sale, M.D.</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 1st 1936 to July 20th 1936
 I last saw him alive on June 10th 1936. Death is said to have occurred on the date stated above, at 4³⁰ m.
 The principal cause of death and related causes of importance were as follows:
Valvular heart disease and pneumonia
Contributing cause was cerebral paralysis resulting in complete paraplegia. Paralysis dated when he was barely 7 yrs. of age. He was confined to bed 8 months.
 Other contributory causes of importance: fracture 1886
 Name of operation _____ Date of operation _____
 What test confirmed diagnosis? _____ 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) Robert L. Willy, M. D.
 (Address) Neesho, Mo

