

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

Do not use this space.

10

SEP 18 1936

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29973

1. PLACE OF DEATH
 County Buchanan Registration District No. 1001
 Township _____ Primary Registration District No. _____
 City St Joseph (No. State Hosp #2)
 File No. _____
 Registered No. 1078
 St. _____ Ward _____

2. FULL NAME Harry Audley Clasby
 (a) Residence, No. Buchanan Co Infirmary St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 10 mos. 7 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) Est 1870
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Est 66

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
 9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 1925 11: Total time (years) spent in this occupation _____

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Records - State Hosp #2
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp #2 DATE Aug 20 1936

19. UNDERTAKER Harry J. Miller
 (ADDRESS) _____

20. FILED Aug 20 1936 H. J. Nestlebury
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14 1936
 22. I HEREBY CERTIFY That I attended deceased from Nov 19 1936 to Aug 14 1936
 I last saw him alive on Aug 13 1936 Death is said to have occurred on the date stated above, at 2:25 A. M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset Aug 12 1936

Other contributory causes of importance:
General Arteriosclerosis & Hypertension 1935 +

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) P. C. DeLong M. D.
 (Address) State Hosp #2

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.

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