

FEB 16 1937

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

Do not use this space.

524

1. PLACE OF DEATH

County Cass

Registration District No. 156

Township Harrisonville

Primary Registration District No. 4090

City Harrisonville

(No. _____ St. _____ Ward _____)

2. FULL NAME William Harrison Clements

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 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) Dec 25-1863

7. AGE YEARS 74 MONTHS - DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Harrisonville Mo.

13. NAME Peter Samuel Clements

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parsons Ferry West Virginia

15. MAIDEN NAME Sarah Melinda Holloway

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

17. INFORMANT (ADDRESS) Mo M. C. Moody Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Co. Mo DATE 1/16 1937

19. UNDERTAKER (ADDRESS) Remmerburgers Harrisonville Mo

20. FILED Jan 16 1937 E. M. Griffith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1937

22. I HEREBY CERTIFY that I attended deceased from Jan 7 1937 to Jan 14 1937

I last saw him alive on Jan 14 1937 Death is said to have occurred on the date stated above, at 7:00 P. m.

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

Other contributory causes of importance: Chronic Nephritis

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) J. J. Scott M. D.

(Address) Harrisonville Mo

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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