

FEB 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City Raw

Registration District No. 377

Primary Registration District No. 100

File No. 1698

Registered No. 500
No. 1327 Michigan Ave. St. 7 Ward

2. FULL NAME

Walthall Linder, Clarity
(a) Residence, No. 1327 Michigan Ave. 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 0

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) my 13, 1936

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
8 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas, City Mo.

FATHER 13. NAME Hereshell Clarity

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

MOTHER 15. MAIDEN NAME Katherine Lillard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. - Missouri

17. INFORMANT (ADDRESS) Mrs Katherine Clarity 1327 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 1-29-37

19. UNDERTAKER (ADDRESS) H. B. Moore 1820 E. 18 St.

20. FILED Jan 28, 1937 M. M. Groome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1937

I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937 to Jan 24, 37
last saw him alive on Jan 20, 1937 Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Broncho-Pneumonia
Other contributory causes of importance:
Influenza 1/18/37

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? no
If so, specify _____

(Signed) H. Linder _____, M. D.
(Address) 17223 E. 18

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.

