

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Livingston
Township Wheeling
City (No.) Wheeling

Registration District No. 516
Primary Registration District No. 5682

File No. 12527
Registered No. 3
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. HARRY D. Clem Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Clara Clem</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Octo. 4th 1866</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>5</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RR Agent & Tel. Station agt. C.R.D.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Station agt. C.R.D.</u>	
10. Date deceased last worked at this occupation (month and year) <u>Oct 1936</u>	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marable Missouri</u>		
FATHER	13. NAME <u>James Clem</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Millersport Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Marie Kayle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati Ohio</u>	
17. INFORMANT (ADDRESS) <u>Leta Clem Wheeling Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>WHEELING Mo</u> DATE <u>APRIL 1st 37</u>		
19. UNDERTAKER (ADDRESS) <u>Smiley FUNERAL HOME WHEELING Mo</u>		
20. FILED <u>3/31</u> 19 <u>37</u> <u>W. S. Swope</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1937

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1937, to March 30, 1937.
I last saw him alive on March 3, 1937. Death is said to have occurred on the date stated above, at 4:15 A.M.
The principal cause of death and related causes of importance were as follows:
Cancer of Lip
Secondary Cancer of Cervical Glands
Date of onset: Apr 1934

Other contributory causes of importance:
694 45

Name of operation " 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) W. S. Swope, M. D.
(Address) Wheeling Mo

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.

SEP 25 1945

JAN 29 1947