

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

Do not use this space.

JUL 26 1937

23144

1. PLACE OF DEATH

County Boonville
Township Columbia
City Columbia (No. 1216 Walnut)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 143 St. Ward)

2. FULL NAME Clarence Bradford Daly

(a) Residence, No. Rt. Columbia St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 10 mos. 5 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-3-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 10 5

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

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) Boonville, Mo.

FATHER 13. NAME J. R. Daly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo.

MOTHER 15. MAIDEN NAME Maudie Hopper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Mo.

17. INFORMANT J. M. W. H. Daly (ADDRESS) 1521 Park Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Spring DATE 6-10-37

19. UNDERTAKER Patton Turner Co. (ADDRESS) Columbia, Mo.

20. FILED 6/10/37 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1937

22. I HEREBY CERTIFY, that I attended deceased from June 8, 1937, to June 8, 1937.
I last saw him alive on June 8, 1937. Death is said

to have occurred on the date stated above, at 4 P. M.

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

Jury decided he came to his death in a fall down flight of stairs to a basement

Other contributory causes of importance:

Name of operator J. M. W. H. Daly Date of 6/10/37

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? in a fall Date of injury 6-8-37

Where did injury occur? 1216 Walnut (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Crushed skull

Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes

(Signed) M. P. Toalson M. D.

(Address) 20 N. 9th

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.

