

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.

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Walton
City Marion (No. _____)

Registration District No. 355
Primary Registration District No. 5498

16274

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. _____ ds. _____ How long in U. S., if of foreign birth? 83 yrs. 9 mos. 23 ds.

Valentine Agrippa Clary

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>Mollie Clary (deceased)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12th 1851</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>9</u>
	DAYS <u>23</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>Retired Farmer</u>	
	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) <u>12 yrs ago</u>	11. Total time (years) spent in this occupation <u>50 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
FATHER	13. NAME <u>John Clary</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Lavinia Ogle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Ola Clary, Rich Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hickory Grove Cem May 7th 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Lambert, Monroe Mo</u>		
20. FILED <u>5-7</u> 19 <u>35</u> <u>W.E. Baggerly</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15th 1935 to May 1st 1935. I last saw him alive on May 5th 1935. Death is said to have occurred on the date stated above, at 2⁰⁰ P.M.. The principal cause of death and related causes of importance were as follows:

Sanity

Other contributory causes of importance:
NO

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic 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) J. G. McDonald, M. D.
(Address) Rich Mo

