

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. 41375  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Joseph Edwin Leary  
(a) Residence, No. 614 Duane St. H Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. -15-1863

7. AGE YEARS 74 MONTHS 1 DAYS 16 If LESS than 1 day, .....hrs. or .....min.

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

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 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Mo

13. NAME Wm Henry Leary

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Em. Virginia

15. MAIDEN NAME Mary Ann Blackburn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo

17. INFORMANT Myrtle Marsailles (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE Nov 30 - 1937

19. UNDERTAKER Fred Wilkman (ADDRESS) Clinton Mo

20. FILED Nov 29 1937 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 25<sup>th</sup> 1937, to Nov 28<sup>th</sup> 1937

I last saw him alive on Nov 28<sup>th</sup> 1937. Death is said to have occurred on the date stated above, at 10 P. m.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance:

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? No

If so, specify .....

(Signed) William M. Marsailles, D.O.

(Address) 614 Duane Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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