

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.

6381-7

6381-242  
1931  
Registered No. 23  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 County Montau Registration District No. 574  
 Township \_\_\_\_\_ Primary Registration District No. 5772A  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Clancy

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29-1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>		<u>4</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) James town Mo  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Tom Clancy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sipton Mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Annie Frank

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sipton Mo  
 (STATE OR COUNTRY)

14. INFORMANT Tom Clancy  
 (Address) James town Mo

15. FILED 3-1-31 Ellis Drake  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-2-31

17. I HEREBY CERTIFY. That I attended deceased from \_\_\_\_\_ 1931 to \_\_\_\_\_ 1931 that I last saw h. live on 2-1-31, and that death occurred, on the date stated above, at \_\_\_\_\_ 59 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia Labor  
108  
 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) 108  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) A. H. Wurdick, M. D.  
2-2-31 (Address) Praine House

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cedron Cu DATE OF BURIAL 2-3-31

20. UNDERTAKER none ADDRESS \_\_\_\_\_

