

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Monteau
Township Levan
City (No. _____) _____ St. _____ Ward _____

Registration District No. 874
Primary Registration District No. 5722

File No. 46093

Registered No. _____

2. FULL NAME

Robert Hugh Clancy

(a) Residence, No. _____ 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Superior Mo.

13. NAME Tommy Clancy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Mo.

15. MAIDEN NAME Mary Jane Taylor

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

17. INFORMANT (ADDRESS) Tommy Clancy

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Cemetery DATE 2-29-37

19. UNDERTAKER (ADDRESS) Chas Feluch

20. FILED Dec 28, 1937 Miss Abbie O'Neal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-37

22. I HEREBY CERTIFY, That I attended deceased from 12-23-37 to 12-27-37. I last saw him 12-26-37, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Pneumo
Cold
Embolic Thrombosis
Heart

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? _____

If so, specify _____

(Signed) A. E. Woreck, M. D.

(Address) Prague House

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.

