

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

Do not use this space.

2604

1. PLACE OF DEATH
 County DeKalb Registration District No. 262
 Township _____ Primary Registration District No. 4161
 City Union Star (No. _____) St. _____ Ward _____

2. FULL NAME Alpheus P. Clancy 45-2
 (a) Residence, No. Union Star St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah C. Clancy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1856

7. AGE YEARS MONTHS DAYS If less than 1 day, _____ hrs. or _____ min.
81 5 18

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

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) Appanoose Iowa

13. NAME William Clancy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Albert C. Clancy

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Jan 20 1938

19. UNDERTAKER (ADDRESS) Lucile Wilson

20. FILED Jan 19 1938 EPH Reynolds Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1938 to Jan 19 1938
 I last saw him alive on Jan 19 1938. Death is said to have occurred on the date stated above, at 11:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Arterio Sclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external force (violence), (in any of 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 or deceased? _____
 If so, specify _____
 (Signed) E. M. Reynolds M. D.
Union Star Mo

RECEIVED

FEB 23 1938

BUREAU OF VITAL STATISTICS
 MO. STATE BOARD OF HEALTH

1337

N. B. Every item of information should be carefully supplied. A statement of occupation is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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