

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 308  
Township Kaw Primary Registration District No. 1002  
City Manassas City (No. 3127, Mc Lee) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 9101  
Registered No. 1298

2. FULL NAME

Clyde Day  
(a) Residence, No. Pea Ridge Ark 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 <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>Mrs Lois Day</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
<u>9</u>	<u>31</u>	<u>✓</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Babe Ball Player</u>		<u>8</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>Player</u>		
10. Date deceased last worked at this occupation (month and year)		
<u>unknown</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pea Ridge Ark</u>		
13. NAME <u>James Day</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Mr. C. F. Walker Pea Ridge Ark</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Pea Ridge Ark 3-24-34</u>		
19. UNDERTAKER (ADDRESS) <u>A. P. Quinn Pea Ridge Ark</u>		
20. FILED <u>Apr 22 1934</u> M. D. Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21/34, 1934

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, 6:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
made by missed  
wound of the neck  
Hummeridge  
Other contributory causes of importance:  
108  
no  
Name of operation Amputation Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in the following:  
Accident, suicide, or homicide? Accident Date of injury 3/21/34  
Where did injury occur? 3127 Mc Lee Ark  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Cut sun throat  
Nature of injury suicide  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) C. F. Walker M. D.  
(Address) Pea Ridge Ark