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.

vi 6031

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

Do not use this space.

27348

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. 2616 East 33rd St. Ward)
File No.
Registered No. 3[illegible]

2. FULL NAME Jessie May Clary
(a) Residence. No. 2616 East 33rd St., Ward. 14
(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: Female
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: Leroy Clary

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 16th 1890

7. AGE: 37 YEARS | MONTHS: 6 | DAYS: 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: David Early
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Margarette McCarty
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lansing
(STATE OR COUNTRY): Kansas

14. INFORMANT: Leroy Clary
(Address) 422 East 15th

15. FILED 9/21, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-19 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1917, to 9-19 1927 that I last saw her alive on 9-18, 1927, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

83 Paresis General
34
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Lues
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? I do not know
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Ex
(Signed) E. L. Ruble, M. D
9/20, 1927 (Address) 1222 Rialto Bldg

*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: Forest Hill
DATE OF BURIAL: 9/21 - 1927

20. UNDERTAKER: The Taylor Funeral Home
ADDRESS

Dr. Ruble . 1220 Rialto