

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

Do not use this space.

34719

1. PLACE OF DEATH

Comty. Platte
Township Green
City _____ (No. _____)

Registration District No. 692
Primary Registration District No. 3719B

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jannita Darline McCluskey
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Neither

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7, 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 | X | 6 | X

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) None
(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Dearborn Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Walter McCluskey

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

12. MAIDEN NAME OF MOTHER Ada Fletcher

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

14. INFORMANT Ada McCluskey
(Address) Dearborn Mo

15. FILED Nov 16 1929 M. W. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 10, 1929, to Oct 13, 1929 that I last saw her alive on Oct 6, 1929, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Bronchia Pneumonia

CONTRIBUTORY (SECONDARY) Whooping Cough
(duration) X yrs. 5 mos. 5 da.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? gross exam
(Signed) Geo M Hall M. D.
Oct 31, 1929 (Address) Dearborn Mo

*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 Masonic Cemetery Dearborn Mo DATE OF BURIAL Oct 14 1929

20. UNDERTAKER Lucian Davis ADDRESS Dearborn Mo

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

83
1929

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