

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

Do not use this space.

33051

3984

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township East Primary Registration District No. 3002
 City Kansas City (No. 6705, Independent Gro) St. Independence Ward 1

2. FULL NAME

Alice Mc Larnan "Mc Larnan"
 (a) Residence, No. 6705 - Independence St. Ward 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Felix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 8

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

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) Indiana

13. NAME A. M. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Elizabeth Beals

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) W. J. Mc Larnan
6705 Independence Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE Oct 9 1933

19. UNDERTAKER (ADDRESS) Miss Bernard Jones
6606 - Independence Ave

20. FILED 10/9 1933 M. M. Crewe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28 1933, to October 5 1933
 I last saw her alive on October 5 1933 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

Mitral Stenosis Date of onset 1932
92K
97
Other contributory causes of importance:
arterio sclerosis 1932

Name of operation none Date of _____
 What test confirmed diagnosis? observed as there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: not
 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? no
 If so, specify _____
 (Signed) R. Callaghan M. D.
 (Address) 6200 Washington Park Blvd
Kansas City, Mo

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.

NOV 10 1933

WHILE FILING WITH OUTFACING INK—THIS IS A PERMANENT RECORD

