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.

JUN 19 1934

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

Do not use this space.

13179

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Blue — Primary Registration District No. 1002 — Registered No. 1934
City Kansas City (No. T.B. Hospital St. Ward)

2. FULL NAME Clay Juanita
(a) Residence, No. 1807 East 13th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): School Girl.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 1920
7. AGE: 14 YEARS: ~~1920~~ MONTHS: ~~March~~ DAYS: ~~14~~ 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
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) Sweet Springs Mo

FATHER
13. NAME Clay J. W
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Wade Maggie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Kansas City T.B. Hospital
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sweet Springs Mo DATE May 9 1934
19. UNDERTAKER (ADDRESS) Jesse Harvey Sweet Springs Mo
20. FILED 5-1 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1934
22. I HEREBY CERTIFY, That I attended deceased from March 16, 1934 to April 30, 1934
I last saw her alive on April 30, 1934 Death is said to have occurred on the date stated above, at 9 10/am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Sputum Was there an autopsy?

23. If death was due to external causes (violence), fill in also 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 of deceased? .....
If so, specify .....
(Signed) Paul C Platt, M. D.
(Address) 925 Argyle Bldg