

APR 23 1936

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

Do not use this space.

10513

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY Mo.

Registration District No. 399
Primary Registration District No. 1002
St. St Joseph Hosp Ward

File No. _____
Registered No. 1158
St. _____ Ward

2. FULL NAME

Mellie Florence CLardy
(a) Residence, No. 1917 LINWOOD Blvd. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG-14 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 20

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

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) Ethel Mo.13. NAME Thomas Calvin Mitchell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.15. MAIDEN NAME MARY Nester16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN17. INFORMANT MRS. LORA CLardy
(ADDRESS) 650 Ash Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Ethel Mo. DATE 3-7 193619. UNDERTAKER C. CARSON FUNERAL HOME
(ADDRESS) Independence, Mo.20. FILED Feb 5 1936 M.M. Grover
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 4 193622. I HEREBY CERTIFY That I attended deceased from 2-6 1936 to Mar 4 1936I last saw h. _____ alive on Mar 4 1936 Death is saidto have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:Suppurative PyelonephritisOther contributory causes of importance:
Sigmoid - Sigmoid cyst vesicle
IntestinalName of operation no Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no(Signed) L. Clardy, M. D.(Address) 1113 Grand

N. B.—Every item of information should be carefully supplied. No space is to be left blank. If this certificate is to be used for any purpose other than that for which it was issued, it must be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

