

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kay
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Marys Hosp.)

File No. 1505
Registered No. 193
St. _____ Ward _____

2. FULL NAME Miss Mary Ann Clinton 458

(a) Residence, No. _____ St. _____ Ward. Liberty, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 70

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Missouri

13. NAME John Clinton

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

15. MAIDEN NAME Nancy Wall

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

17. INFORMANT T. G. Clinton
(ADDRESS) 3237 KERNES Blvd. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Liberty, Mo. DATE 1/15 1938

19. UNDERTAKER W. F. Mayberry
(ADDRESS) 2315 Linwood Blvd. K. C., Mo.

20. FILED Jan 14 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/13/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1937, to Jan. 13, 1938.
I last saw her alive on Jan. 13, 1938 Death is said to have occurred on the date stated above, at 7⁴⁰ a.m.
The principal cause of death and related causes of importance were as follows:

Tuber Tuberculosis Date of onset _____

Other contributory causes of importance:
1860
Fracture Left Hip
- Intox. from same Hour

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1938
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) W. F. Mayberry M. D.
(Address) 400 1/2 1st St. Liberty, Mo.

RECEIVED

FEB 16 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No.)

File No.

Registered No. 193

St.

Ward

2. FULL NAME

Mary Ann Clinton

(a) Residence, No.

St.

Ward.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

76
F

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

70

OCCUPATION

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

Jan 14 1938 M. J. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 13 1938

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Total Pneumonia
1860
fracture of left femur

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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 *Dec 25, 1937*

Where did injury occur? *Liberty, Mo.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at her home

Manner of injury *fell on ice*

Nature of injury *fracture of left femur*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Dr. John Skinner*, M. D.

(Address) *402 Bryant Bldg.*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

PHYSICIANS SHOULD STATE EXACTLY. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

RECEIVED

FEB 16 1938

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MO. STATE BOARD OF HEALTH

1505