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

Do not use this space.

8405

File No. 1259

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kansas — Primary Registration District No.: 1002

City: Kansas City (No. 3914 Wyoming St. Ward)

2. FULL NAME: Mary Jane McClary

(a) Residence. No. 3914 Wyoming St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: wh

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. H.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 27, 1855

7. AGE: Years 71 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Fulton
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Thos. Madden

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

12. MAIDEN NAME OF MOTHER: Mary Ellen Reading

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ky.

14. INFORMANT: Mr. J. J. Burke
(Address): 3914 Wyoming

15. FILED 3/26, 1927. M M Crane asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1925 to, 19.. that I last saw h. alive on 3-21-27, 19.., and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Anemia
Myocarditis (Chronic) 4 yrs
over 6 yrs
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma Uteri (cervix)
over 6 yrs
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH)?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo F Pendleton, M. D.

3/26, 1927 (Address) 605 Bryant Bldg

*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: Smithville, Mo — DATE OF BURIAL: 3/28 1927

20. UNDERTAKER: D. H. Newcomer's Sons — ADDRESS: K. C. 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.

PLEASE CHECK THIS ITEM—THIS IS A PERMANENT RECORD