

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

Do not use this space.

24430

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Flaw Primary Registration District No. 1002 Registered No. 3217
 City Kansas City (No. St. Joseph's St. _____ Sl. _____ Ward)

2. FULL NAME

Margaret Elizabeth Clifford
 (a) Residence No. _____ St. _____ Ward. Holden, Mo.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 1 mos. 19 da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 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) Jan. 27, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 6 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Warrensburg
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER D. J. Clifford

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

12. MAIDEN NAME OF MOTHER Mrs. Staley

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

14. INFORMANT Mrs. John R. Perry
 (Address) 2801 E. 24th St.

15. FILED 18 19 27 M. M. Cronin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 17 19 27

17. I HEREBY CERTIFY, That I attended deceased from _____ 1927, to _____ 1927.
 that I last saw her alive on Aug 17, 1927, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute myocardial infarction, in so-called
MI Cerebral hemorrhage

CONTRIBUTORY (SECONDARY) 804 (duration) yrs. 1 mos. 12 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

18. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. L. Giffet M. D.
18 19 (Address) 1212 1/2 E. 24th St.

*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 Holden, Mo. DATE OF BURIAL 8-18 19 27

20. UNDERTAKER S. H. Newsome's ADDRESS 2001 E. 24th St. Holden, 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.

