N 1 192

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.

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

Do not use this space.

13138

1. PLACE OF DEATH
County: Jackson — Registration District No.: 398 — File No.:
Township: Blue — Primary Registration District No.: 3019 — Registered No.: 131
City: Independence, No. ..... St. ..... Ward)

2. FULL NAME: Mary agnes Inman
(a) Residence. No. 716 No. Liberty Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred: 62 yrs. 3 mos. 18 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Jasper N. Inman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 16-1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	3	18	

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

9. BIRTHPLACE (CITY OR TOWN): Independence
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Patrick Vaughn
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Mary a Mellody
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ireland

14. INFORMANT: W. N. Inman
(Address): 1001 S. Liberty St. Indep.

15. FILED: 4-16 1928 F. L. Cook, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 3, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1927 to ..... 19..... that I last saw h..... alive on April 3, 1928, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
59
1
(duration) ..... yrs. ..... mos. 14 ds.
CONTRIBUTORY (SECONDARY): Chronic interstitial nephritis & diabetes mellitus
(duration) ..... yrs. ..... mos. ..... ds.
Endarteritis

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? Clinical
(Signed) E. H. Allen, M. D.
4-5-1928 (Address) Independence Mo.

*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: Mound Grove Cem. — DATE OF BURIAL: 4/5 1928
20. UNDERTAKER: E. Hanson & Son — ADDRESS: Indep. Mo