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

Do not use this space.

16990

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 175
City Independence (No. ..... St. ..... Ward)

2. FULL NAME Mildred Rogene Closson
(a) Residence. No. 1329 Ratstone St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
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.

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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15 - 1918

7. AGE: Years 9 — Months 8 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Mount Washington
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Glen B Closson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lamoni
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Lenor Mayhan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Blue Springs
(STATE OR COUNTRY) Missouri

14. INFORMANT Glenn Closson
(Address) 1329 Rawlston

15. FILED May 16 1928 F. L. COOK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1928

17. I HEREBY CERTIFY That I attended deceased from May 2, 1928, to May 2, 1928, that I last saw her alive on May 2, 1928, and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Polio-myelitis
16 22
(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (SECONDARY) none
— (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? Spinal puncture.
(Signed) J. N. Hill, M.D.
May 3 1928 (Address) Englewood, 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 — DATE OF BURIAL: 5/4 1928

20. UNDERTAKER: C. D. Carson & Son — ADDRESS: Sindy 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.