

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

Do not use this space.

20573

**1. PLACE OF DEATH**

County Jackson Registration District No. 299  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. Trinity Lutheran Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2448

**2. FULL NAME** Mrs. Marnie I. Clay

(a) Residence. No. \_\_\_\_\_ St. Mayview, Mo. Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4th 1873

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.  
55 | 1

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Fosterberg,  
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Martin Hoyt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Taletta Cummings

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Not known

14. INFORMANT Mrs. E. P. McAllister  
 (Address) Mayview, Mo.

15. FILED 6/5 28 M. M. Brown  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5th 1928

17. I HEREBY CERTIFY That I attended deceased from June 3, 1928, to June 5, 1928 that I last saw him alive on June 5, 1928, and that death occurred, on the date stated above, at 10:15 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Meningitis, secondary to acute mastoiditis, of right.

CONTRIBUTORY (SECONDARY) 86 B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Mayview, Mo.  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 3-1928

WAS THERE AN AUTOPSY? no.  
 WHAT TEST CONFIRMED DIAGNOSIS? Spinal puncture.

(Signed) Evan S. Russell, M. D.  
6/5 1928 (Address) 608 Commerce 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 Hoggs Mill Rd DATE OF BURIAL 6/7 1928

20. UNDERTAKER Hader Bros. Und. ADDRESS Higginsville

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

