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

Do not use this space.

399

1002

1893

File No. 491

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City (No.) 4129 Mill Creek St. (Ward)

2. FULL NAME Mary E. Clark

(a) Residence. No. 4129 Mill Creek St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 29 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	9	1	

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) Port Royal
(STATE OR COUNTRY) Penn

PARENTS

10. NAME OF FATHER Wm Morse
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Port Royal
(STATE OR COUNTRY) Penn
12. MAIDEN NAME OF MOTHER Sallie Carter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Port Royal
(STATE OR COUNTRY) Penn

14. INFORMANT Mrs. Flora Warren
(Address) 4129 Mill Creek

15. FILED 1-31, 1929 M M Crane Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 29 1929, 19..., to Jan 30 1929
that I last saw b. alive on 10 A.M. Jan 30 1929 and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
1993
8 years yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia
2 weeks 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? Physical Exam

(Signed) M. B. Catselbolt, M. D
1/31, 1929 (Address) 120 Realto Bldg. KC 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 Woodlawn Cemetery Independence, Mo.
DATE OF BURIAL 1/31 1929

20. UNDERTAKER Freeman Mortuary
ADDRESS 10 W. 42nd St. KC

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.

Dr. Casebolt
4050 Broadway
Zo, 2983 6