WRITE PLAINLY, 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.

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

Do not use this space.
18286

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2331
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 4032 Tracy Ave St. Ward)

2. FULL NAME Mrs. Roann McGlothlin
(a) Residence. No. 4032 Tracy St., 15 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-26-1856

7. AGE: Years 73 | Months 0 | Days 22 | If LESS than 1 day, ___ hrs. or ___ min.

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) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Daniel Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Arkansas
12. MAIDEN NAME OF MOTHER: Malvina Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: Vina McGlothlin
(Address) 4032 Tracy

15. FILED 5/20, 1929 M. M. Crowe ass. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/18 1929

17. I HEREBY CERTIFY, That I attended deceased from 14th of April, 1928, to 14 of May, 1929 that I last saw her alive on 5-14, 19__, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epilepsy and paralysis of bowels
85
123D
over one year (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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?
(Signed) A. L. McKenzie D.O.
5/19, 1929 (Address) K. C. 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: Kingston Mo.
DATE OF BURIAL: 5/21 1929

20. UNDERTAKER: Stine & McClure
ADDRESS: Kans. City Mo.

262 1 2 2

[illegible] Main 0305
Res. 4008 [illegible] Rogers 0309