

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

Do not use this space.

16229

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City, Mo No. 1002

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 2137  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME Mary Virginia McEury**

(a) Residence. No. 5036 E. 9<sup>th</sup> St. 10 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<br><u>7</u>   | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ |                              |   |

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 25, 1929

|        |          |        |           |  |
|--------|----------|--------|-----------|--|
| 7. AGE | YEARS    | MONTHS | DAYS      | If LESS than 1 day, _____ hrs. or _____ min. |
|        | <u>8</u> |        | <u>24</u> |  |

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER George Elmer McEury  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hamden Mo  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Laura Grode  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Worcester  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT G. E. McEury  
(Address) 5036 E. 9

15. FILED 5/19, 1930 M. M. Crowe  
REGISTRAR  
Asst

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-19 1930  
17. I HEREBY CERTIFY, That I attended deceased from 5-12-30 to 5-19-30 that I last saw her alive on 5-19, 1930, and that death occurred above, at 11:05 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho pneumonia  
107A  
79A  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 11 ds.  
CONTRIBUTORY meningitis, Streptococci, secondary  
(SECONDARY) to pneumonia (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED at home  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Lab, chemical, physical  
(Signed) [Signature]  
5/19, 1930 (Address) 3519 E. 9th St. Kansas City, 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 Hamden Mo. DATE OF BURIAL May 21, 1930

20. UNDERTAKER Rose & Henderson ADDRESS 15 1/2 Jackson

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

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.

MARGIN RESERVED FOR BINDING

