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.

22943

File No. 2935

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kan W
City Kansas (No. 416 Prospect Blvd St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME Emma Cleary

(a) Residence. No. 416 Prospect Blv. St., 9 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	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 Chas. Cleary

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11 - 1909

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
19	4	27	

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

9. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Henry Kern
11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nellie Tingey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
(STATE OR COUNTRY)

14. INFORMANT Fred Romstead
(Address)

15. FILED 7/16, 1930 M M Curr Asst REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that
death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolus
148
1435 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Pregnancy
(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? yes
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) [illegible]
7-16 1930 (Address) [illegible]

*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 Polo Mo Cemtery — DATE OF BURIAL July 17 1930

20. UNDERTAKER Passantino Bros — ADDRESS 2117 Independence Ave.