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.
14468

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. St. Luke's Hospital St. Ward)
File No.
Registered No. 1988

2. FULL NAME Frank Cline
(a) Residence. No. 7327 Washington St., 8 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 8, 1885
7. AGE: 45 YEARS ~~[illegible]~~ MONTHS 4 DAYS 21 If LESS than 1 day, ...hrs. or ....min.
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) (STATE OR COUNTRY): Missouri 1

PARENTS
10. NAME OF FATHER: Charles E. Cline
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois 2
12. MAIDEN NAME OF MOTHER: Amanda Schisler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

14. INFORMANT: Minnie Cline
(Address) 7327 Washington
15. FILED 4/30, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 29 1931
17. I HEREBY CERTIFY, That I attended deceased from 4/29/31, 19.., to 4/29/31, 19.., that I last saw him alive on 4/29/31, 19.., and that death occurred, on the date stated above, at 9:00 PM m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Confluent Broncho pneumonia
107A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cerebral Edema
MULTIPLE Neuritis (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? YES Tonsillectomy 4-15-31
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Gross Inspection
(Signed) [illegible] M. D.
4/30, 1931 (Address) St Luke's Hosp.

*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: Stanberry, Mo
DATE OF BURIAL: 5-1-1931
20. UNDERTAKER: Stine & McClure
ADDRESS: 3235 Gillham Plaza