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.

JUN 22 1932

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

Do not use this space.

16025

File No.

Registered No. 163

1. PLACE OF DEATH

48 County Jackson — Registration District No. 398

Township Blue — Primary Registration District No. 5554

City Kansas=City (No. Roadway in front of 8100 Independence St. Road Ward)

2. FULL NAME Mary Elizabeth Clift

(a) Residence, No. 7100 River Road, K. C. Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1926

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
5	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) 0 — 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County Illinois

FATHER

13. NAME Neal Clift

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Illinois

MOTHER

15. MAIDEN NAME Golda Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County Illinois.

17. INFORMANT (ADDRESS) Neal Clift 1700 River Road, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE May 7, 1932

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME 815 W. Maple Ave. Indep. Mo.

20. FILED May 6, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from DEPUTY CORONER, 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Multiple Comminuted Fractures of all Ribs on Right Side Punctured Right Lung

Other contributory causes of importance:

(1) Hemorrhage of Right Lung

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ... Date of injury May 4, 1932

Where did injury occur? Near Robinson Sanatorium, Kansas City, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Independence Road

Manner of injury Accidental Auto Traumatism

Nature of injury Fell down while walking

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [signature], M. D.

(Address) Independence Mo