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.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 22895
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo (No. 6943 Agnes St. Ward)

2. FULL NAME Mary Jane McCloud
(a) Residence. No. 6943 Agnes St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. ~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED (write the word)~~ Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10, 1835

7. AGE 97 YEARS MONTHS DAYS ~~8~~ 7 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work
(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) Jackson Co Mo

PARENTS
10. NAME OF FATHER Joe Shelton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Minerva Brock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

14. INFORMANT Minnie S. Anderson
(Address) 6943 Agnes K. C. Mo

15. FILED July 18, 1932 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1932

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 17, 1932 that I last saw her alive on July 17, 1932 and that death occurred, on the date stated above, at 10.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
106 B 106 B
160 (duration) 40 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? L
(Signed) R C Ragan, M. D.
, 19 (Address) 404½ W 75th

*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 Rich Hill, Mo Green Lawn — DATE OF BURIAL 7/19 1932

20. UNDERTAKER H. E. Boughan — ADDRESS Rich Hill Mo