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

Do not use this space.

File No. 15805

Registered No. 542

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St. Joseph Mo. (No. State Hosp. #2 St. Ward)

2. FULL NAME: Eva McCloskey

(a) Residence, No. Kansas city Mo. St., Ward. Kansas City, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C. J. McCloskey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 21, 1884

7. AGE: Years 48 Months 11 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Peoria Illinois

FATHER

13. NAME: William Ashley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvania

MOTHER

15. MAIDEN NAME: Mary Van cort.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvania

17. INFORMANT (ADDRESS): Mrs Edward C Schock 1830 East 68 Terrace, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Kansas City Mo DATE: 5/24/ 1933

19. UNDERTAKER (ADDRESS): Freeman Funeral Home K.C. Mo

20. FILED: 5-24- 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1933, to May 23, 1933

I last saw her alive on May 23, 1933. Death is said to have occurred on the date stated above, at 10.35 /P.m.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia — Date of onset May 23 1933

Other contributory causes of importance: Decubitus Ulcer — Date of onset Feb 1933

Name of operation: Date of:

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? no

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

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George W. Forman, M. D.

(Address) State Hospital No 2 St Joseph Mo

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 20 1933