

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

Do not use this space.

APR 25 1934

**PLACE OF DEATH**

County Jackson Registration District No. 30  
 Township Kaw Primary Registration District No. R G C  
 City Kansas City (No. 5915 Brookside Boulevard) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 8976  
 Registered No. 1172

**FULL NAME**

Rhoda A. McLellan  
 (a) Residence, No. 5915 Brookside Boulevard Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. R. McLellan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 4 27

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

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) Denlock Kansas

13. NAME Werk Ambrose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Tipton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mrs. O. E. Eiterley (ADDRESS) 222 West 62nd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Maria Cem. DATE 3-15, 1934

19. UNDERTAKER Stine + McClure (ADDRESS) 3232 Williams Plaza

20. FILED Arch 14 1934 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov. 27, 1922 to March 13, 1934  
 I last saw her alive on March 13, 1934 Death is said to have occurred on the date stated above, at P. m. 5:30  
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 2/14/24  
Arteriosclerosis  
Hypertension  
Myocarditis 1922

Other contributory causes of importance:  
Chloroform Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ 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) A. P. Langhorne, M. D.  
 (Address) 1022 Prof. Bldg. K.C.M.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

