

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

Do not use this space.

MAR 20 1935

5377

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City Kansas City (No. 3441 Benton Blvd.) St. Ward

File No.
 Registered No.
 St. Ward

2. FULL NAME

Mauda Evelyn M. Clure
 (a) Residence, No. 3441 Benton Blvd. St., 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert M. M. Clure

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 4 - 1851

7. AGE YEARS 83 MONTHS 8 DAYS 7 days If LESS than 1 day, hrs. or min.

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) Princeton Mo.

13. NAME Robert A. Kelsey

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Charlotte E. Myers
3441 Benton Ave. Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Winchester Home DATE Feb. 13 1935

19. UNDERTAKER (ADDRESS) P.A. Kuster
Kansas City, Missouri

20. FILED 27 19 35 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1935 to Feb 11 1935

I last saw him alive on Feb 4 1935. Death is said to have occurred on the date stated above, at 12:30 p. m.

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

Branchopneumonia
Influenzal type of cold
1/2

Date of onset Feb 5
Jan 20

Other contributory causes of importance: Chronic Bronchitis

Name of operation None Date of

What test confirmed diagnosis? Autopsy 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) Henry H. Hara M. D.

(Address) 1000 1/2 N. 10th St.

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.

