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

MAR 20 1935

Do not use this space.

5422

1. PLACE OF DEATH
County Jackson
Township ~~Kaw~~
City Kansas City (No. 1336-E-9th st St. 3 Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No.

2. FULL NAME Versa Caroline McCloy
(a) Residence, No. 1336-E-9th st St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX T
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 Harlen McCloy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14-1902

7. AGE YEARS 32 MONTHS 10 DAYS 0 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) Mo

FATHER
13. NAME Robert Carnahan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Doris Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Allie Dyke 1336-E-9 st.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carthage DATE 2/16 1935

19. UNDERTAKER (ADDRESS) Shell Funeral Home 6606 Indy ave.

20. FILED 2/15 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1930, to Feb 14 1935
I last saw her alive on Feb 13 1935 Death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 yrs.
Other contributory causes of importance: Bronchial Pneumonia	2 days

Name of operation None Date of
What test confirmed diagnosis? Sp. + Syphilis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) Kansas City Mo

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD