

OCT 22 1935

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

Do not use this space.

29567

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1661 Jarboe)

Registration District No. 395
Primary Registration District No. 1002

File No. _____
Registered No. 3577
St. _____ Ward)

2. FULL NAME Ida Joan Mc Cale

(a) Residence, No. 1661 Jarboe 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/14/35 19

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

22. I HEREBY CERTIFY THAT I attended deceased from _____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1933

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

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

1 9 7

Date of onset

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

Bronchopneumonia
Ch embolism
10/7/35

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 _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sabetha Kansas13. NAME Leonard Mc Cale14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri15. MAIDEN NAME Ida Rowland16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluffs Missouri17. INFORMANT Leonard McCale (ADDRESS) 1661 Jarboe K. C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE 9/16/35 1919. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 3811 Broadway K. C. Mo.20. FILED Sept 15 1935 M. M. Cronin Registrar.Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? yes

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? _____
If so, specify _____

(Signed) _____, M. D.

(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

