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.

DEC 26 1935

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

Do not use this space.

35982

File No. [illegible]

Registered No. [illegible]

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township RAW Primary Registration District No. 1002

City KANSAS CITY (No. 4226 EUCLID St. Ward)

2. FULL NAME MRS. CARRIE F McLEAN

(a) Residence, No. 4226 EUCLID 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): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-28-1856

7. AGE: Years 79 Months 8 Days 4 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) PERRY COUNTY OHIO

FATHER

13. NAME JOSEPH G. SMUTZ

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

MOTHER

15. MAIDEN NAME SARAH B. BUSAHART

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

17. INFORMANT MR. ALLEN J. McLEAN
(ADDRESS) 4226 EUCLID AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE NOVEMBER-4 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED Nov. 2 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1935, to Nov 2, 1935

I last saw her alive on Nov 2, 1935. Death is said to have occurred on the date stated above, at 10:15 A m.

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

	Date of onset
Myocarditis Chronic	
93 c	

Other contributory causes of importance:

Secondary anemia	
Obesity	

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) F. L. Ramsey, M. D.

(Address) 311 Argyle Bldg

311. Argyle Bldg.
1:30-3:30