

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.

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

Do not use this space.

SEP 24 1936

1. PLACE OF DEATH

County Johnson Registration District No. 431  
Township Warrensburg Primary Registration District No. 5588  
City Warrensburg (No.     ) St.      Ward     

File No. 31472  
Registered No. 97

2. FULL NAME

Edna E. McLevey

(a) Residence, No.      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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James H. McLevey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-23-1887</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>11</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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) <u>Strasbourg Mo</u>		
MOTHER	13. NAME <u>Oscar Bailey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
	15. MAIDEN NAME <u>Rubamah Porter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
17. INFORMANT (ADDRESS) <u>Mrs. M. G. Wreight Sedalia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>July 13, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Sweeney - Phillips Warrensburg, Mo.</u>		
20. FILED <u>Aug 12, 1936</u> <u>Eva G. Thomas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-12-1936

22. I HEREBY CERTIFY, That I attended deceased from April 29th 1936 to Aug 1st 1936  
I last saw her alive on Aug 1st 1936. Death is said to have occurred on the date stated above, at 12 P.  
The principal cause of death and related causes of importance were as follows:  
Heart insufficiency  
Diabetes probably 10 years standing.

Other contributory causes of importance:  
Diabetes probably 10 years standing.

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. B. Hall M. D.  
(Address) Warrensburg, Mo.

