

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Mrs. Mary Emma McClintock
 (a) Residence, No. 4451 Tracy Ave. St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 33206
 Registered No. 3551
 St. Ward

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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 1937

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

22. HEREBY CERTIFY, That I attended deceased from June 28 1937 to Sept 7 1937
 I last saw h. alive on Sept 6 1937. Death is said to have occurred on the date stated above, at 6:15 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1849

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.
26 88 1 7

Chr Myocardial degeneration Date of onset 2 mo
93c

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Arteriosclerosis & Senility

12. BIRTHPLACE (CITY OR TOWN) Pennsylvania
 (STATE OR COUNTRY)

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

13. NAME John P. Thompson

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.

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

15. MAIDEN NAME Sara Ann Gilfelle

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

17. INFORMANT Mrs. Edna McDevitt
 (ADDRESS) 4451 Tracy Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka, Kansas DATE Sept. 8th, 37

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City, Missouri

20. FILE Sept 7 1937 Registrar.

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.

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