JAN 17 1938

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

Do not use this space.

44419

File No.

Registered No. 5313

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. St. Joseph Hosp. St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME Miss Edith Jane Mc Clung

(a) Residence, No. 3335 Bellefontaine 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. 20 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
45	2	22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cream Co.

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) Kansas

FATHER

13. NAME Robert Mc Clung

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

MOTHER

15. MAIDEN NAME Izza Belle Ford

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

17. INFORMANT (ADDRESS) Robert Mc Clung 3335 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Jan. 3, 1937

19. UNDERTAKER (ADDRESS) D.W. Newcomer's Sons

20. FILED 13/31, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at 3:25 A.M.

Deputy Coroner

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

Fracture of Rt Femur

Streptococcus Septicemia

Date of onset

Other contributory causes of importance: 186 a

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-13-37

Where did injury occur? 12th & Troost Kansas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Sheet fall against Curb (Ice)

Nature of injury Fract of Rt femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Russell W. Kent, M. D.

(Address) [illegible]

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Rialto Bldg.