REG'D APR 15 1938

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

Do not use this space.

File No. 11017

Registered No. 57

1. PLACE OF DEATH
County Jackson
Township Prairie
City ~~Kansas City~~ (No. Jackson Co Home St. Ward)
Registration District No. 40B
Primary Registration District No. 3553B

2. FULL NAME Earl D Cliff
(a) Residence, No. 206 N Hallock Ward. Kansas City Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unk.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-22-1885
7. AGE: Years 52 Months 5 Days 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk Mo Pac Ry
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) 1930
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sullivan Co Missouri

FATHER
13. NAME: Earl Cliff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wyoming Maryland

MOTHER
15. MAIDEN NAME: Mary Lane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan Kentucky

17. INFORMANT (ADDRESS): Mrs Jesse Abraham 206 N Hallock
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE 3-22 1938
19. UNDERTAKER (ADDRESS): Daniel Bras 1536 Minn Ave K.C. Kans
20. FILED 3-23 1938 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to 3-19 1938
I last saw him alive on 3-17 1938 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis — Date of onset
Other contributory causes of importance:
Name of operation ..... 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) J W Greene, M. D.
(Address) Independence Mo

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