

REC'D MAY 9 1938

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

13621

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kan Primary Registration District No. 1002 Registered No. 1601
(c) City Kansas City (d) Street No. 2 C Gen Hosp (If death occurred in hospital or institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. 341 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sutcliffe Siretta
(a) Residence, No. 536 1/2 Walnut St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Sutcliffe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
37 0 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.
9. Industry or business in which work was done, as 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) Ill13. NAME Thomas Ward14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Mary Hanley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT (ADDRESS) De W. A. Clark18. BURIAL, CREMATION, OR DISPOSITION Chicago Ill DATE 4-14-3819. FUNERAL DIRECTOR (ADDRESS) Quirk = Collins20. FILED 4-14 1938 M. M. Crowe, ent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14-3822. I HEREBY CERTIFY, That I attended deceased from 4-8-38, to 4-14-38I last saw him alive on 4-14-38, Death is saidto have occurred on the date stated above, at 2:15 P.M.

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

Lobar pneumonia (left) Date of onsetEmpyema (left) 108Acute adhesive pericarditis

Other contributory causes of importance:

Name of operation Autopsy Date ofWhat test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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

Accident, suicide, or homicide? Date of injury

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) P. F. De Maria, M. D.(Address) 2 C Gen Hosp

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)