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

REC'D JUL 15 1938

22035
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 1 Registration District No. 398
(b) Township ~~City~~ Primary Registration District No. 3019 Registered No. 173
(c) City Independence (d) Street No. 312 N. Pleasant St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Cecelia Cleveland 411
(a) Residence, No. 312 N. Pleasant St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1873

7. AGE: Years 65 | Months 4 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) Fort Scott 1 Kansas 5

FATHER
13. NAME Thomas Sullivan 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Carey 1 Ireland

MOTHER
15. MAIDEN NAME Catherine Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Illinois

17. INFORMANT (ADDRESS) Kenneth Graves 312 N. Pleasant

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE St. Mary's Indep DATE June 7, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ott - Mitchell 310 W. Main Independence

20. FILED 6-11-, 1938 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to June 5, 1938
I last saw her alive on June 5, 1938. Death is said to have occurred on the date stated above, at 1:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Infarction	6 wks
Coronary Occlusion	6 wks
Coronary Sclerosis	years
Other contributory causes of importance:	
Hypertension 220/1	years

Name of operation none 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?
If so, specify
(Signed) [illegible], M. D.
(Address) 310 Indep Mo

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)