

AUG 24 1937

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

Do not use this space.

27411

## 1. PLACE OF DEATH

County *Jackson* Registration District No. *398*  
 Township *Independence* Primary Registration District No. *3019*  
 City *Independence* St. *Independence* Ward

File No. \_\_\_\_\_  
 Registered No. *252*  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. *704 Brighton* St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 26, 1903*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*34 1 2*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) *Kansas City*  
 (STATE OR COUNTRY) *Missouri*

13. NAME *B. P. Mc Ginnis*

14. BIRTHPLACE (CITY OR TOWN) *Waverly*  
 (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Mary Bell Clarkson*

16. BIRTHPLACE (CITY OR TOWN) *St. Louis*  
 (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Raymond Leane*  
 (ADDRESS) *704 Brighton St. E. 2nd*

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE *Memorial Park* DATE *7-30* 1937

19. UNDERTAKER *George C. Garrison*  
 (ADDRESS) *Independence*

20. FILED *7-30-1937* *F. R. Cook*  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28* 1937

22. I HEREBY CERTIFY That I attended deceased from *Jan* 1937 to *July 28* 1937.  
 I last saw her alive on *July 28* 1937. Death is said to have occurred on the date stated above, at *8:15 p.m.*

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

*Cardiac Failure due to*  
 ① shock  
 ② uterine atony  
 ③ " hemorrhage.

Other contributory causes of importance:  
*Parturition + shoulder presentation*

Name of operation *Version - Blood Transfusion* Date of *7/28*  
 What test confirmed diagnosis? *Clueless* Was there an autopsy? \_\_\_\_\_

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 *1*

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) *Gullman* M. D.  
 (Address) *10307 Andy Ave.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-22-36 1 X9314

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.

