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

Do not use this space.

11819

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 1615

City: K. C. (No. St. Mary's Hosp. St. Ward)

2. FULL NAME James M. McElyea

(a) Residence. No. 3512 Woodland St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M.	Wh.	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	59	9	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Railroad Forman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

PARENTS

10. NAME OF FATHER: A. J. McElyea
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Alabama
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): "

14. INFORMANT: Mrs. May McElyea
(Address) 3512 Woodland

15. FILED 4/18, 1927 M. M. Crome, Registrar, asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 16 1927

17. I HEREBY CERTIFY, That I attended deceased from 4-16, 1927, to 4-16, 1927, that I last saw her alive on 4-16, 1927, and that death occurred, on the date stated above, at 8:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Occlusion
94B
94B
89
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Angina Pectoris
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 0
0 DID AN OPERATION PRECEDE DEATH? 0 DATE OF
WAS THERE AN AUTOPSY? 0
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. P. Miller, M. D.
4/17, 1927 (Address) 1/4 Argyle

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Moriah — DATE OF BURIAL: Apr 20 1927

20. UNDERTAKER: D. W. Newcomer's Sons — ADDRESS: K. C. 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.

N. T. Samuel Ayers
814 Argyle Bldg. - 12th & McGee
Vic. 9878.
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