JUL 25 1927

14

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

Do not use this space.

17565

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 6..
Township — Primary Registration District No. 1001 — Registered No. 600
City St Joseph (No. State Hospital No.2. St. Ward)

2. FULL NAME Burley McDaniel
(a) Residence. No. State Hospital St. #2 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. 21 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1871 about

7. AGE: YEARS 56 — MONTHS Unknown — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Groceryman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: none

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) U S

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) unknown

14. INFORMANT Mrs Artie La Rue
(Address) 918 Penn Kansas City Mo

15. FILED JUN 8 1927 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1927

17. I HEREBY CERTIFY, That I attended deceased from mar 16, 1927, to June 7, 1927 that I last saw him alive on June 7, 1927, and that death occurred, on the date stated above, at 1:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic B-C
Myocarditis
(duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY (SECONDARY) 908
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E H Coon, M. D
6/7, 1927 (Address) St Joseph Mo

*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: Kansas City, Missouri.
DATE OF BURIAL: June 8. 1927

20. UNDERTAKER: W. O. Sidenfaden
ADDRESS: 1802 Union Str

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.