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

Do not use this space.

35093

File No. 10243

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 3541 Lindell Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1093

2. FULL NAME Joseph Allen F McCord

(a) Residence: No. 3541 Lindell Ave St. Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	8	6	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Penn

PARENTS

10. NAME OF FATHER Joseph McCord

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn

14. INFORMANT Chester G McCord
(Address) 4528 Easton Ave

15. FILED NOV 16 1927 Max G Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1927

17. I HEREBY CERTIFY, That I attended deceased from July 10th, 1927, to Nov 13th, 1927, that I last saw him alive on Nov 13th, 1927, and that death occurred, on the date stated above, at 4:40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
33A Apoplexy
(duration) — yrs. — mos. 9 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A Walker, M. D.
11/15, 1927 (Address) 3541 Lindell

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hiram — DATE OF BURIAL Nov 16 1927

20. UNDERTAKER Cullen Kelly — ADDRESS 4521 Easton

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.

Dr R G Walker
3545 Lindell