

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

Do not use this space.

16206

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township..... Primary Registration District No. 1001  
 City St. Joseph (No. 707 North 4th Street. St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 596

**2. FULL NAME** Ida May McCool.

(a) Residence. No. 707 North 4th Street. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. mos. \_\_\_\_\_ ds.

**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 Henry McCool.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23, 1874

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>9</u>	<u>16</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None.  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Chase  
 (STATE OR COUNTRY) Kansas.

10. NAME OF FATHER Jeff West.  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.  
 (STATE OR COUNTRY) Unknown.

12. MAIDEN NAME OF MOTHER Martha Collins.  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Millersberg  
 (STATE OR COUNTRY) Illinois.

14. **INFORMANT** Charles Fetzer.  
 (Address) 707 North 4th Street.

15. FILED 10 1928 John E. Galt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1928

17. I HEREBY CERTIFY That I attended deceased from May 1, 1928, to May 8th, 1928 that I last saw h. 97 alive on May 8th, 1928, and that death occurred, on the date stated above, at 8:15 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

cranial hemorrhage  
7401 824 11511  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Vincent's angina  
 (SECONDARY) (duration) one yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Pathological slide  
 (Signed) M. Hartwell D.O. M. D.

%/10 , 1928 (Address) 412 Schneider Bldg.

\*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 Ashland Cemetery DATE OF BURIAL May 11, 1928

20. UNDERTAKER H.O. Sidenfaden ADDRESS 1802 Union St.

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.

DEPARTMENT RECORD

