

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

Do not use this space.

17207

**1. PLACE OF DEATH**

County Jackson Registration District No. 399

Township Forest Primary Registration District No. 1002

City Kansas City (No. 3619) St. Forest Ward Forest

File No. \_\_\_\_\_

Registered No. 17207

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 3619 Forest St. \_\_\_\_\_ Ward. Kansas City, Kansas

(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. \_\_\_\_\_ da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 Mary J. McCarish

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24-1835

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
92      4      22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) McMinn Co Tenn.  
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel McCarish

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

12. MAIDEN NAME OF MOTHER Mary Stewart

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

14. INFORMANT W. J. McCarish Jr  
(Address) 2203 N. Fremont

15. FILED 5/17 28 1928 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16 1928

17. I HEREBY CERTIFY That I attended deceased from May 11 1928, to May 16 1928 that I last saw him alive on May 16 1928, and that death occurred, on the date stated above, at 4 P. M.

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

Pneumonia  
10/1000 (duration) yrs. \_\_\_\_\_ mos. 5 da.

CONTRIBUTOR (SECONDARY) 1000 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**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) W. J. McCarish Jr, M. D.  
5/17 1928 (Address) 630 Argyle St

\*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 Grimes Chapel DATE OF BURIAL 5-19 1928

20. UNDERTAKER Gibson & Son ADDRESS R. P. R.

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.

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