

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

Do not use this space.

17303

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kan Primary Registration District No. 1100

City Kansas City (No. St. Mary's Hospital)

File No. _____

Registered No. 275

St. 3 Ward

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. Prenton Missouri
(If nonresident give city or town and State)

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 Mrs Cassie F. McGregor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 13 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 59 | 5 | 9

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

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

10. NAME OF FATHER Robert M. McGregor

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

12. MAIDEN NAME OF MOTHER Nancy A. McCall

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

14. INFORMANT Mrs Cassie F. McGregor
(Address) Prenton Missouri

15. FILED 5/23 28 M. M. Corwin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1928

17. I HEREBY CERTIFY That I attended deceased from 4/9 1928 to May 7 28 1928 that I last saw h. alive on May 22 1928 and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxic
600
137
112
(duration) 2 yrs. - mos. - da.
CONTRIBUTORY Prostatic Hypertrophy
(SECONDARY) Hydrocele
(duration) 2 yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. Unknown

DID AN OPERATION PRECEDE DEATH. yes DATE OF 5/19/28

WHAT TEST CONFIRMED DIAGNOSIS. Microscopic Section
(Signed) James R. McRay M. D.

5/23 1928 (Address) 802 Medical Arts Bldg Kansas

*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 Prenton Missouri DATE OF BURIAL May 24 1928

20. UNDERTAKER Harry Sheehan ADDRESS H. E. Mc

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

