

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.

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

Do not use this space.

36982

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1. PLACE OF DEATH

Comly. Jackson
Township. Kan
City. Kansas City (No. 4003 East 15th)

Registration District No.
Primary Registration District No.

File No.
Registered No. 4031
St. Ward)

2. FULL NAME

Helen J. McGary
(a) Residence. No. 4003 East 15th St., 12 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 30, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER John McGary

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

12. MAIDEN NAME OF MOTHER Sarah A. Gault

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

14. INFORMANT E. J. McGary
(Address) 4003 E. 15th

15. FILED 11/18 28 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 16th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 19 28 to Nov 16 19 28 that I last saw him alive on Jan 16 19 28 and that death occurred, on the date stated above, at 5 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Insufficiency
(duration) yrs. mos. ds.

CONTRIBUTORY Tuberculosis, fibra
(SECONDARY) (duration) 2 yrs. mos. ds.

18. 40 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) John A. Parker, M. D.

*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.
11/17 19 28 (Address) 315 Ler Bldg

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chicago, Ill. DATE OF BURIAL 11/20/ 1928

20. UNDERTAKER Wassman Mortuary ADDRESS 7 E. 20

