

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

Do not use this space.

37104

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 175A
 Township Leas Primary Registration District No. 2002 Registered No. 175A
 City Kansas City (No. Old City Hospital St. St. Ward)

2. FULL NAME Mc Cain, Gus
 (a) Residence, No. 2430 Flora St., 4 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>43</u>	<u>3</u>	<u>14</u>		

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

9. BIRTHPLACE (CITY OR TOWN) San Antonio Texas
 (STATE OR COUNTRY)

10. NAME OF FATHER Mc Cain, Roy

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

12. MAIDEN NAME OF MOTHER Dingfield

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

14. INFORMANT L. Washington
 (Address) 2430 Flora

15. FILED 11/26, 1928 M. M. Cannon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-22, 1928, to 11-24, 1928, that I last saw him alive on 11-24, 1928, and that death occurred, on the date stated above, at 7:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Auto-intoxication
 (duration) yrs. mos. ds.
 CONTRIBUTORY Inanition
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Old City Hospital
 (IF NOT AT PLACE OF BIRTH)

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
 (Signed) H. M. Smith, M.D.
11/25, 1928 (Address) Old City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland DATE OF BURIAL Nov. 27, 1928

20. UNDERTAKER Adkins Bros ADDRESS 2000 E. 12th

WHILE IN LINE, 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.

