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

Do not use this space.

1567

File No. 158

Registered No. 158

1. PLACE OF DEATH

County Jackson Registration District No.

Township Kaw Primary Registration District No.

City Kansas City (No. Mercy Hospital St. Ward)

2. FULL NAME Myrtle McEntee

(a) Residence. No. 1623 Campbell St., R 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	W	Child age 6 yrs

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22nd 1922

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
6 yrs.	7	19 25	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Dale W. McEntee

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

12. MAIDEN NAME OF MOTHER Gertrude Storm

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

14. INFORMANT Mrs Gertrude McEntee
(Address) 1623 Campbell Kcmo

15. FILED 1-12 1929 M. M. Ewer Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/11/1929

17. I HEREBY CERTIFY, That I attended deceased from 1/5 1929 to 1/11 1929 that I last saw h. alive on 1/11 1929 and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Failure

(duration) yrs. mos. 1 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Culture + stain

(Signed) H. McKelvey M. D

1-11, 1929 (Address) Argyle 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 Highland Park

DATE OF BURIAL 1-14 1929

20. UNDERTAKER Fulton and Eads

ADDRESS K C K.

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.

WORK WITH UNDERLINE INK—THIS IS A PERMANENT RECORD