

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.

6536

1. PLACE OF DEATH

County JacksonRegistration District No. 399

File No.

Township RawPrimary Registration District No. 1002Registered No. 699City Russell (No. 1809)

Brownell

St.

Ward)

2. FULL NAME

(a) Residence. No. 1809 Brownell St.,

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OFClara Haynie McAfee

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

June 6, 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.6885

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workSupr. for Society(b) General nature of industry,
business, or establishment in
which employed (or employer)For the Friendless

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Ashley

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

John Armstrong McAfee

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ky.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Anna Bailey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ky.

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Mrs. Clara H. McAfee1809 Brownell

15.

FILED

2-11, 1929M. M. Crane

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb. 11

19

29

17.

I HEREBY CERTIFY That I attended deceased from

Feb. 1, 1929, to Feb. 11, 1929that I last saw him alive on Feb. 3, 1929, and thatdeath occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris94th102

CONTRIBUTORY

(SECONDARY)

Hypertension(duration) 3 yrs.

mos.

da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

Examination

(Signed)

D. P. Braden

M. D.

2/11, 1929 (Address)

6 mo

*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

Parkville Mo

DATE OF BURIAL

2/15 1929

20. UNDERTAKER

D. H. Newcomer

ADDRESS

16th

815-~~Shuckert~~ Bldg.
Vic. 3925,
10:30 12:30, 2-4:30