

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

Do not use this space.

6643

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 1212 East 13th St. 808 Ward)

2. FULL NAME Dr. Horace Benton McCall
 (a) Residence No. 1212 E. 13th St. 2 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 | 6 | 18

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

9. BIRTHPLACE (CITY OR TOWN) Riversburg
 (STATE OR COUNTRY) Penn.

10. NAME OF FATHER Joshua McCall

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

12. MAIDEN NAME OF MOTHER Julian Truby

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

14. INFORMANT Mrs R. J. Dick
 (Address) 101 East 27th

15. FILED 2-18-29 M. M. Coles
 REGISTRAR Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 20 - 1928 to Feb 16 1929 that I last saw him alive on Feb 16 1929 and that death occurred, on the date stated above, at 5-6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy stroke -
B.P.H
90B (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Pericarditis
 (duration) yrs. mos. ds. 2

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) R. B. Bishop M. D.
 (Address) R3KEK 529 Ridge 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 Cremation DATE OF BURIAL 2-19 1929

20. UNDERTAKER S. H. Newcomer ADDRESS Sus K. G. Mo.

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.

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

213
2
2
2
2

27 Kings 2/17
2-5.