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

85

Do not use this space.

17378

File No. 676

Registered No.

1. PLACE OF DEATH
County: Buchanan
Township:
City: St Joseph No. 2105 St. Ward: No 13
Registration District No.
Primary Registration District No. 1001

2. FULL NAME: Roy Delbert McAfee

(a) Residence. No. St., Ward. Forbes Mo
(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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 2 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	24	

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

9. BIRTHPLACE (CITY OR TOWN): Forbes
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Thomas McAffee
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ind
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Louise Brock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ind
(STATE OR COUNTRY)

14. INFORMANT: Mrs. H. O. Schultz
(Address): 2105 No 13 St

Filed: MAY 27 1929, 19.....
John G. Ott
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 26 1929

17.
I HEREBY CERTIFY, That I attended deceased from May 26, 1929, to May 26, 1929
that I last saw h. alive on May 26 1929, and that
death occurred, on the date stated above, at 6 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, acute Lobar
108
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) E. W. Shores, M. D
5/27, 1929 (Address) 317 Kirkpatrick 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: Forbes Mo
DATE OF BURIAL: 5/28 1929

20. UNDERTAKER: Fleeman Funeral Home
ADDRESS: 1208 Francis

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.