WRITE PLAINLY, 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.

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

Do not use this space.

40809

File No.

Registered No. 5216

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 2

City Kansas City (No. 2940 Mercier St. Ward)

2. FULL NAME James H McBride

(a) Residence. No. 2940 Mercier St., 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	9	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work K. C. Public Service

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Henry McBride

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Centia James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs Sarah McBride

(Address) 2940 Mercier

15. FILED 12/18, 19 29 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1929 to Dec 16, 1929 that I last saw h— alive on Dec 16, 1929, and that death occurred, on the date stated above, at 7:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7.2.6 Broncho pneumonia

107A

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Hist & Findings

(Signed) L. Engelmann, M. D.

12/18, 1929 (Address) 7 S 5th St Wm Bld Kansas

*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	DATE OF BURIAL
Calvary Cemetery	12/19/29
20. UNDERTAKER	**ADDRESS**
Quirk & Tobin	20 Linwood

Josephine,
Josephine