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.

36287

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4695

Township Kaw — Primary Registration District No. 1002 — Registered No. 4695

City Kansas City Mo (No. 53rd & Highland St. Ward)

2. FULL NAME Michael McCormick

(a) Residence. No. 53 a L Highland av St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1930 yrs. Nov. mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 1859

7. AGE: 71 — YEARS: ~~1859~~ — MONTHS: ~~October~~ 1 — DAYS: ~~9~~ 10 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

PARENTS

10. NAME OF FATHER: James McCormick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown James McCormick

12. MAIDEN NAME OF MOTHER: M. A. Hanley

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

14. INFORMANT: Little Sisters of the Poor (Address) 53rd Highland av.

15. FILED 11/19, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1930, to Nov. 19, 1930 that I last saw him alive on Nov. 19, 1930, and that death occurred, on the date stated above, at 7 20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary T B, 23 H

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Infection

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Paul V. O'Rourke M. D

11/19, 1930 (Address) K C 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: St Marys Cemetery — DATE OF BURIAL: Nov 20 1930

20. UNDERTAKER: Quirk and Tobin - 20 West Linwood — ADDRESS