

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

Do not use this space.

1194 - 25  
293

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kan Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. K.C. General Hosp)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Billy McCham**

(a) Residence. No. 512 Irving St., \_\_\_\_\_ 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 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 13 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 2 18

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER George McCham

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

12. MAIDEN NAME OF MOTHER Braceless

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

14. INFORMANT Reverend Clerk  
(Address) K.C. General Hosp.

15. FILED 1/3 19 31 Bl. M. Beaul REGISTRAR  
asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1931

I HEREBY CERTIFY, That I attended deceased from Jan 1 1931, to Jan 1 1931 that I last saw him alive on Jan 1 1931 and that death occurred, on the date stated above, at 1105 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diphtheria  
10  
103  
\_\_\_\_\_ (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Respiratory Tuberc  
Pneumonia (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY Yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical + Autopsy  
(Signed) P. E. Williams, M. D.

11-2 1931 (Address) Supt K.C. Gen. Hosp

\*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 Mount Washburn DATE OF BURIAL 1-3 1931

20. UNDERTAKER Bl. M. Beaul & Son ADDRESS City

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 CONCISE PRECISION TO STATEMENT OF FACTS

