

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

Do not use this space.

25104

1. PLACE OF DEATH

County Jackson Registration District No. 388
 Township Naw Primary Registration District No. 100
 City Kansas City (No. 421 So Hardisty) (Ward) _____

2. FULL NAME

Thomas Jefferson McCreery "McCreery"

(a) Residence, No. 421 So Hardisty St. 10 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 2 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired wholesaler
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. shoe business
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaver, Pa.

13. NAME Robt. McCreery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaver, Pa.

15. MAIDEN NAME Jane Logan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT L. R. McCreery (ADDRESS) 421 So. Hardisty

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE July 17, 1931

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) 2111 E. 9th St.

20. FILED 7-17-1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 10, 1931. I last saw him alive on July 15, 1931. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset 1930
82A
97
JWA
 Other contributory causes of importance: Apoplexy July 31

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify no
 (Signed) R. L. St. Clair, M. D.
 (Address) 524 2 St. John

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.

3242 10.5 am

Fill 5