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

Do not use this space.

File No. 28505 13. H.
Registered No. 3688

1. PLACE OF DEATH
County Jackson
Township Kans
City Kansas City (No. 530 Denver St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME George N. Say
(a) Residence. No. 530 Denver 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	M	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	7	14	

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

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

PARENTS
10. NAME OF FATHER Lesley Say
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa
12. MAIDEN NAME OF MOTHER no record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) no record

14. INFORMANT Florence Say
(Address) 530 Denver

15. FILED 8/30, 19 31 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1930, 19..., to Aug 29, 19 31, that I last saw him alive on Aug 29, 19 31, and that death occurred, on the date stated above, at 2:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
151
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (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? No
WHAT TEST CONFIRMED DIAGNOSIS? History & Inspection
(Signed) Stanley McKey, M. D.
8/29, 1931 (Address) Lesley Corner

*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
Mt Washington	8-31 31
20. UNDERTAKER	**ADDRESS**
Mrs. C. L. Forster	K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified.