

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Mc. J. M. Primary Registration District No. 490

City Mc. J. M. (No. Lake side St.)

File No. 31352
Registered No. 3849
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 421-3837-E-9th Ward _____
(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sidney, Mc Calley</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar-11-1866</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>6</u>
	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Garage Owner</u> (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) Mo.

10. NAME OF FATHER Sidney Mc Calley

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

12. MAIDEN NAME OF MOTHER Abrah. J. Shannon

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

14. INFORMANT Sidney Mc Calley
(Address) 3837 E-9th, W.

15. FILED 9/17/31 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-17-1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1931, to Sept 17, 1931, that I last saw him alive on Sept 17, 1931, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
82.9
97
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Aterio-sclerosis et plethora (duration) ? yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH Gravel 1423 Walnut
DID AN OPERATION PRECEDE DEATH? X DATE OF _____
WAS THERE AN AUTOPSY? Refused
WHAT TEST CONFIRMED DIAGNOSIS? Usual clinical
(Signed) Affred E. Linnell, M.D.
10-17-31 (Address) 612 Chamber Red

*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 Weston, Mo. DATE OF BURIAL 9-19-31

20. UNDERTAKER Mrs. C. L. Foster ADDRESS W.C. Mo.

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.

Dec. 26 1931

Chambers Bldg. Ma-2054.

5923 Walnut H. - 637.5