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 21 1931

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

Do not use this space.

36924

File No.

Registered No. 1154

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME Fred Grant McBride

(a) Residence, No. ~~Industrial City Mo.~~ St., Ward. Industrial City Mo (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1880

7. AGE: Years 51 | Months 7 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baine Elec. Co.

10. Date deceased last worked at this occupation (month and year) October 1931.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester Missouri

FATHER

13. NAME Darius McBride.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

MOTHER

15. MAIDEN NAME Katherine Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio.

17. INFORMANT Mrs Emma McBride. (ADDRESS) Industrial City. Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Nov. 17, 1931

19. UNDERTAKER H. C. Siebenfaden (ADDRESS) 1802 Union st St. Joseph Mo.

20. FILED NOV 16 1931 John A. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from September, 19..., to Nov 14, 1931

I last saw him alive on Nov 14, 1931. Death is said to have occurred on the date stated above, at 1:30 A.m.

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

	Date of onset
Chr. Myocarditis	?
936	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify

(Signed) Grant Harlington, M. D.

(Address) St Joseph Mo