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.

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

Do not use this space.

40906

1. PLACE OF DEATH

County Jackson — Registration District No. 389 — File No. 1804

Township Kaw — Primary Registration District No. 1002 — Registered No. 4394

City Kansas City (No. 3406 Wabash St. Ward)

2. FULL NAME James Duncan McColl

(a) Residence, No. 3406 Wabash St., 13 Ward. (If nonresident, give city or town and State)
(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: 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: Clara W. McColl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1862

7. AGE: YEARS 69 — MONTHS 6 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Forest Ontario, Canada

FATHER

13. NAME: Ronald McColl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER

15. MAIDEN NAME: Isabella Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

17. INFORMANT (ADDRESS): Mrs Clara W. McColl 3406 Wabash

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sarnia, Ontario Canada DATE 12/8 1931 Ship

19. UNDERTAKER (ADDRESS): Steve F. McClure 3239 Gillham Plaza

20. FILED 12/8 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1931, to Dec 6, 1931

I last saw him alive on Dec 6, 1931. Death is said to have occurred on the date stated above, at 7 p m.

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

	Date of onset
Organic heart disease	
95B	
107A	
130	

95B

Other contributory causes of importance:
Cardiac asthma
Bronchial pneumonia
Nephritis, acute

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 .....
(Signed) [signature], M. D.
(Address) 3346 Olive

Dr Paul A. Johnstone
3340 Olive
Li 0344