

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

Do not use this space.

1299

1. PLACE OF DEATH

County..... Jackson
Township..... Kaw
City..... Kansas City (No. 2917 Forest)

Registration District No. 582
Primary Registration District No. 100

File No. 237
Registered No. 237
St. _____ Ward _____

2. FULL NAME Harry F McCormick

(a) Residence, No. 2917 Forest St. 4 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
50 10 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 63
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ward Motor Co.
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) Kansas 2

13. NAME Thomas McCormick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Kate King

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

17. INFORMANT (ADDRESS) George M. McCormick
20 West Linwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Parsons Kansas DATE Jan 30 1932

19. UNDERTAKER Quirk & Tobin Co
(ADDRESS) 20 West Linwood

20. FILED Jan 28 1932 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27 1932

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Aortitis
99B 99
Other contributory causes of importance: _____
Date of onset: _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 1-27 19____.

Where did injury occur? _____ (Specify city or town, county, and State).
Specify whether injury occurred in industry, in home, or in public places? _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) Stanley J. Shaw, M. D.
(Address) Logan Corner

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

