

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

Do not use this space.

6864

1. PLACE OF DEATH

County..... Registration District No. 50
Township..... Primary Registration District No. 2000
City St. Louis (No. 2515 Goode 2000 St. Ward)

File No.....
Registered No. 1944
St. Ward)

2. FULL NAME

York Mc Kiscock
(a) Residence, No. 2515 Goode St. 11 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Mc Kiscock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 2 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Tenn. 2

13. NAME York Mc Kiscock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) York Mc Kiscock Jr
2515 Goode

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk DATE 2/28 1933

19. UNDERTAKER (ADDRESS) A. Russell, Hyatt Co
2732 Grand Blvd

20. FILED EE 20 1/33 May C. Starbuck
Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11:45 1932, to 11:45, 1932.

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:
82A

Date of onset
82A
Cerebral Apoplexy

Other contributory causes of importance:
82A

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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....., 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..... 82A

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) John Hurley, M.D.
Address 2732 Grand Blvd

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.

