

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

Do not use this space.

8755

1. PLACE OF DEATH

County Jackson Registration District No. 395
 Township Kaw Primary Registration District No. 1002 File No. 1214
 City Kansas City (No. 112 East 34th Street St. _____ Ward)

2. FULL NAME Edw. H. McCormick

(a) Residence, No. 112 East 34th Street St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 17th, 1842</u>				
7. AGE YEARS <u>90</u>	MONTHS <u>2</u>	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Clothing Designer</u>			
	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) <u>Ireland</u>				
FATHER	13. NAME <u>Henry McCormick</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
MOTHER	15. MAIDEN NAME <u>Anathasia Whalen</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
17. INFORMANT <u>Miss Elizabeth McCormick</u> (ADDRESS) <u>112 East 34th Street</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Cemetery</u> DATE <u>April 25th</u> , 19 <u>32</u>				
19. UNDERTAKER <u>W. J. Mayberry</u> (ADDRESS) <u>Kel. Mo.</u>				
20. FILED <u>May 31st</u> , 19 <u>32</u> <u>M. M. Crowe</u> <u>Asst. Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 30th</u> , 19 <u>32</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>3/28/32</u> , 19 <u>32</u> to <u>3/30/32</u> , 19 <u>32</u> . I last saw him _____ alive on <u>3/30/32</u> , 19 <u>32</u> . Death is said to have occurred on the date stated above, at <u>3:20 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Hypostatic pneumonia</u> <u>broncho pneumonia</u> Other contributory causes of importance: <u>fracture of femur left</u> Date of onset <u>3/24/32</u> Name of operation <u>none</u> Date of _____ What test confirmed diagnosis? <u>Chemical test</u> Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>acc</u> Date of injury <u>3/28</u> , 19 <u>32</u> Where did injury occur? <u>at home</u> <u>26 May</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>at home</u> Manner of injury <u>fell on floor</u> Nature of injury <u>fractured femur</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Charles H. White</u> M. D. (Address) <u>925 Cuyler</u> <u>Zeely</u>	

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.

MARGIN RESERVED FOR BINDING

Dr. C. H. ...

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