

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

Do not use this space.

12650

399

**1. PLACE OF DEATH**

County Jackson Registration District No. 100 File No. 1589  
Township Kaw Primary Registration District No. 100 Registered No. 1589  
City Kansas City (No. St. Josephs' Hospital) St. 8 Ward 8

**2. FULL NAME** Guy H McCanles

(a) Residence, No. 606 West 52nd St., 8 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 Mrs. Marie McCanles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1885/1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
53 47 3 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Co. 67

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) Nebraska

13. NAME William M McCanles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Martha McCrite

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

17. INFORMANT (ADDRESS) Mrs Marie McCanles 606 W. 52nd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE April 16 1932

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

20. FILED 4-15-32 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14 1932 .19

22. I HEREBY CERTIFY, That Guy H McCanles deceased from Feb 28 1932 to April 14 1932  
I last saw him alive on April 14 1932 Death is said to have occurred on the date stated above, at 11 A.m.

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

Ruptured varicose oesophagus  
ruptured internal hemorrhoids  
from cirrhosis of liver  
12 1/2 hrs  
Other contributory causes of importance: Acute nephritis (1) 17 1/2 hrs  
chronic ulcer (chronic) 130  
extreme secondary anemia

Name of operation Aut. & autopsy Date of Apr 16 1932  
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 \_\_\_\_\_, 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 Illness  
(Signed) J. H. [Signature] M. D.  
(Address) 700 [Address]

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 OMISSION OF UNNECESSARY DETAILS

