

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

Do not use this space.

32202

1. PLACE OF DEATH

County Jackson Registration District No. B 89
 Township Kansas City Mo. Primary Registration District No. 1092
 City Mersey Hosp (No. 1092) Registered No. 3727 (Ward)

2. FULL NAME

David McCrory
 (a) Residence, No. 116 No Home St. Ward. 1
 (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 <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27-32</u>		
7. AGE	YEARS	MONTHS
		<u>3</u>
		DAYS
		<u>6</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION

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

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 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
K.C. Mo

MOTHER

13. NAME Ralph McCrory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Denver Colo

15. MAIDEN NAME Bessie Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
K.C. Mo

17. INFORMANT (ADDRESS)
Ralph McCrory
116 No Home

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Notel Hall DATE Oct 5 32

19. UNDERTAKER (ADDRESS)
Rose & Henderson
4739 E-15 St

20. FILED 10/4 1932 M. M. Groves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-3 1932 to 10-3 1932

I last saw him live on 10-3 1932 Death is said to have occurred on the date stated above, at 5-P m.

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

Enteritis
19 B
119
 Other contributory causes of importance:

Name of operation Sub 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 —

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

(Signed) E. J. Aldridge, M. D.
 (Address) Mersey Hospital

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.

