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

Do not use this space.

25947

1. PLACE OF DEATH

24. County CLAY — Registration District No. 197 — File No.

Township Kansas City — Primary Registration District No. 5-216 — Registered No.

City NORTH KANSAS CITY (No. WINNWOOD LAKE ~~4240 Main~~ St. Ward)

2. FULL NAME ROBERT LEE METCALFE

(a) Residence, No. WINNWOOD LAKE St., 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.

SEP 6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
MALE	WHITE	DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE OF~~) MRS. CARRIE METCALFE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 4 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	1	20	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNIONTOWN PENNSYLVANIA

FATHER

13. NAME UNKNOWN METCALFE

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

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MR. R. C. METCALFE
(ADDRESS) 1270 - FEDERAL AVE. K.C. KANS.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH - KCMO DATE AUGUST 26, 1933

19. UNDERTAKER D. W. NEWCOMERS SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Aug 26, 1933 John L. Morton Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1932, to Aug 21, 1933

I last saw h. ~~alive~~ alive on Aug 21, 1933. Death is said to have occurred on the date stated above, at 4:45 P.m.

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

	Date of onset
130 Myocarditis	3 yr
5 yrs	

Other contributory causes of importance: arteriosclerosis, arthritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Stethoscope Was there an autopsy? No

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? No

If so, specify .....

(Signed) J. F. Cave, M. D.

(Address) 5746 Harrison St.

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

32 2 31 3

Dr. J. T. [illegible]
5746 Harrison [illegible]
12-5