

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

Do not use this space.
26506

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas, City Mo. (No. 906 W 17th)

Registration District No. 399
Primary Registration District No. 1002

File No. 3246
Registered No. _____
St. _____ Ward _____

2. FULL NAME Annie McCormick

(a) Residence, No. 906 West 17th St., _____ Ward.

Length of residence in city or town where death occurred 15 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 Female 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 Martin McCormick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42

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

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) Oklahoma

13. NAME John Lloyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Laura Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Martin McCormick (ADDRESS) 906 West 17th St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Aug. 14 1933

19. UNDERTAKER Melody McGilley (ADDRESS) _____

20. FILED 8-14 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 1933

I last saw him alive on 6:10 P.M. Death is said to have occurred on the date stated above, at 6:10 P.M.

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

Amnithorax

Other contributory causes of importance: no

Name of operation _____ Date of _____
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 5/11/33

Where did injury occur 906 West 17th St Kansas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot in chest
Nature of injury _____

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

(Signed) M. M. Crowe (Address) _____
DEP. COR

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.

SEP 26 1933

V. S. NO. 2

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