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

Do not use this space.

26628

File No. 3380

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 999

Township Kaw — Primary Registration District No. 1 9 0 9

City Kansas City (No. 55 Janssen Place St. Ward)

2. FULL NAME James McQueeny

(a) Residence, No. #55 Janssen Place St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Josephine McQueeny

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28th. 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
59	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen'l Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moose Wilds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

FATHER

13. NAME Jno. McQueeny

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

MOTHER

15. MAIDEN NAME Mary Hale

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

17. INFORMANT Mrs. Josephile McQueeny (ADDRESS) #55 Janssen Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE 8/28/33, 19

19. UNDERTAKER W. E. Mayberry (ADDRESS) City

20. FILED 8/24, 1933 W. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Aug. 24, 1933

I last saw him alive on Aug. 23, 1933. Death is said to have occurred on the date stated above, at 5.10 A.m.

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

	Date of onset
Cancer of Prostate gland	1928?

Other contributory causes of importance: Toxaemia

Name of operation Transurethral prostatectomy Date of June 1932

What test confirmed diagnosis? Laboratory 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) Arthur Krueger, M. D.

(Address) 720 Ang. Bldg.

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.

Argyle Bldg
Vi 4960