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

Do not use this space.

40024
4822

JAN 26 1934

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township KAW — Primary Registration District No. 1002 — Registered No.
City KANSAS CITY (No. 1210 - WEST - 20TH St. Ward)

2. FULL NAME JAMES J DAY
(a) Residence, No. 1210 - WEST - 20TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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. MARTHA M. DAY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 12 1860

7. AGE: YEARS 73 — MONTHS 4 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ENGINEER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CHICAGO + ALTON RR
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) MISSOURI

FATHER
13. NAME WILLIAM H. DAY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER
15. MAIDEN NAME PARELINA E. JESSE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT MRS MARTHA M. DAY (ADDRESS) 1210 - WEST 20TH ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE DECEMBER 11, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 12-9 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933, to Dec 9th, 1933
I last saw him alive on Dec 8, 1933. Death is said to have occurred on the date stated above, at 6:25A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
8 V A	
102	
Other contributory causes of importance:	
Chronic hypertension	2 yrs?
Senility	

Name of operation none Date of
What test confirmed diagnosis? 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) L. R. McCormack, M. D.
(Address) 1855 So wear Blvd Kans.
12/10/33

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

Dr. L. R. McCormack
2855 Southwest Blvd.
2-5; 7:30-9:30; 10-2 (Sun)