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.

MAY 25 1934

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

Do not use this space.

12948

File No. 5
Registered No. 1000

1. PLACE OF DEATH
County Jackson — Registration District No. 3004
Township Kaw — Primary Registration District No. 40
City Kansas City (No. 4512 St. S Benton St. Ward)

2. FULL NAME James W. McCord

(a) Residence, No. 4512 S. Benton 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.

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 Della McCord

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5 1880

7. AGE: Years 54 | Months 1 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rushton Bakery
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) Salina Kans.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Priscilla Burton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Della McCord
(ADDRESS) 4512 S Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE 4-16 1934

19. UNDERTAKER R.J. Lindsay & Sons
(ADDRESS) 3811 Broadway

20. FILED 4-15-1934 M. M. Lemon Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1934, to Apr 14, 1934
I last saw h. alive on Apr 14, 1934. Death is said to have occurred on the date stated above, at 11:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	10 days
Other contributory causes of importance: Bronchial Pneumonia	3 days

Name of operation None Date of
What test confirmed diagnosis? Symptom 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. E. Donaldson, M. D.
(Address) 714 Chambers Bldg