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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No. 15782

Township — Primary Registration District No. — Registered No. 533

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Charles McCandlish

(a) Residence, No. St., Ward. Craig, MO. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 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: Gertrude McCandlish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 17, 1857.

7. AGE: YEARS 76 — MONTHS 5 — DAYS 16 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General Retail Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Bremen, Ohio.

FATHER

13. NAME: John McCandlish
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown — Unknown

MOTHER

15. MAIDEN NAME: Eliz Jane Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown — Unknown

17. INFORMANT (ADDRESS): Gertrude McCandlish, Craig, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Craig, Missouri. DATE May. 5. 1934

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden, 1802 Union Str St. Joseph, MO.

20. FILED 3 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/27/34, 19..., to 5/3/34, 19...
I last saw him alive on 5/3/34, 19... Death is said to have occurred on the date stated above, at 1/20pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric obstruction (Ca Pylorus?)	4/20/34
46	

Other contributory causes of importance:

Myocarditis Chronic	1930

Name of operation Gastro enterostomy Date of 4/28/34
What test confirmed diagnosis? Operation 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) C H Wallace Jr, M. D.
(Address) 301 N 8th St Joseph Mo

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.

JUN 20 1934

Buchanan
#2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 15782
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.
533

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Charles McCandlish
Who died at _____ on May - 3 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W ~~Single,~~ married, ~~widowed or divorced~~: _____

Date of birth _____ Age: Years 76 Months 5 Days 16

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Pyloric Obstruction (Ca-Pylorus)
(Caused from an old Pyloric ulcer)
Yes - Carcinoma of Pylorus
Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
X Signature of Registrar X John R. Bender M.D.

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 85

Primary Reg. Dist. No. 1001

E. T. McGaugh
Special Agent.