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.

OCT 17 1934

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

Do not use this space.

32847

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 3002 — Registered No. 4183

City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME John McCord

(a) Residence, No. 1226 Troost St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Mrs. Josephine McCord

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1853

7. AGE: YEARS 81 — MONTHS 0 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired--Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A & P Store

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) Peekskill New York

FATHER

13. NAME William McCord

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER

15. MAIDEN NAME Margaret Sheer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs Josephine McCord 1226 Troost.

18. BURIAL, CREMATION, OR REMOVAL PLACE Peekskill New York Sept 13 1934

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED 9-12 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to Sept 11, 1934

I last saw him alive on Sept 10, 1934. Death is said to have occurred on the date stated above, at 4:20 A M

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

	Date of onset
Cerebral hemorrhage - midnight	Sept 10
Senile arteriosclerosis - gradual onset	
Diabetes mellitus, discovered	5/12/34
59	
82A	
97	

Other contributory causes of importance: none

59

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Refused

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) Darwin Delap, M. D.

(Address) 3232 BELLEFONTAINE AVE. KANSAS CITY MO.

Panter & Wiser Jewelry
5 floor
1115 Walnut