

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.

1. PLACE OF DEATH

County Jackson
Township Keokuk
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 33045

Registered No. 4384

2. FULL NAME

(a) Residence, No. 3233 Bellfontaine
(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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. B. McAtee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1858

7. AGE YEARS 76 MONTHS 4 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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) Madison Mills Ohio

13. NAME David Harrison

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

15. MAIDEN NAME Mary Hicks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT (ADDRESS) Mrs John Wassner 3233 Bellfontaine

18. BURIAL CREMATION, OR REMOVAL PLACE Marshall Mo DATE Sept 29 1934

19. UNDERTAKER (ADDRESS) Gay Law Funeral Home R. C. Mo

20. FILED 9/28 1934 M. C. Coroin Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/9 1934 to 9/25 1934

I last saw him alive on 9/27 1934 Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Coronary Atherosclerosis
40
10
Other contributory causes of importance: 114

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 Also, specify

(Signed) Hubert L. Mantz, M. D.
(Address) 104 James R. M. Parkway Mo.

McFarley

1874

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