

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

Do not use this space.

JAN 9 1934

43017

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kay Primary Registration District No. 1002
 City Kansas City (No. General Hospital)
 File No. _____
 Registered No. 5401
 St. _____ Ward _____

2. FULL NAME Malcolm A McKay

(a) Residence, No. 1015 East 27th St. _____ Ward. _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Anna McKay</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 29 1889</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>8</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railway Mail Clerk</u>		
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) Kansas

FATHER 13. NAME George McKay

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER 15. MAIDEN NAME Mary Sinclair

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Mrs Anna McKay
(ADDRESS) 1015 East 27th

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem DATE 12/17/34

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

20. FILED 12/17 34 M. M. Corone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1934 .19

22. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____
 I last saw him alive on Dec 14 1934 Death is said to have occurred on the date stated above, at 9:50 A M
 The principal cause of death and related causes of importance were as follows:

Gun shot wound, Head Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 12/14/34
 Where did injury occur? 1015 E 27th KC Mo 64
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Skull shot & Head
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Russell W. Watters M.D.
 (Address) Deputy Coroner

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.

