

FEB 19 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 2526 Elmwood) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1145  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Perry A. McIntosh

(a) Residence, No. 2526 Elmwood 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

## 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. Ruth AcIntosh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mach. 12, 1879</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>9</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Salesman</u>		
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) Florida13. NAME Dont know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know15. MAIDEN NAME Dont know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know17. INFORMANT Mrs. Ruth A. McIntosh  
(ADDRESS) 2526 Elmwood, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE West Hill DATE Jan. 419. UNDERTAKER R.V. Lindsey and Sons  
(ADDRESS) 3811 Broadway, K.C. Mo.20. FILED 1-2-, 1935 M.M. Teromelson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1-35, 1935

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_.

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

Stroke of the head Date of onset \_\_\_\_\_Other contributory causes of importance: no

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of injury 1/3/35Where did injury occur? 2526 Elmwood

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Trauma by fracture

Nature of injury \_\_\_\_\_

24. Was disease or injury related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Perry A. McIntosh, M. D.(Address) 2526 Elmwood

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.

MISSOURI STATE BOARD OF HEALTH—RECORD

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