

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

Do not use this space.

FEB 19 1935

1519

1. PLACE OF DEATH

County JACKSON Registration District No. 399
 Township RAW Primary Registration District No. 1007
 City KANSAS CITY (No. 918-EAST-39TH) St. _____ Ward _____

File No. 385
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 918-EAST-39TH St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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. MINNIE McINTURF</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPT-11-1879</u>		
7. AGE <u>55</u>	YEARS <u>4</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>ACCOUNTANT</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>GAS SERVICE CO.</u>
10. Date deceased last worked at this occupation (month and year) <u>JANUARY 1935</u>		11. Total time (years) spent in this occupation <u>10</u>

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
SARENA ILLINOIS

FATHER

13. NAME
UNKNOWN McINTURF

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

15. MAIDEN NAME
UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
UNKNOWN

17. INFORMANT
(ADDRESS)
MRS. MINNIE McINTURF
918-EAST-39TH ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE JANUARY 26, 1935

19. UNDERTAKER
(ADDRESS)
D.W. NEWCOMER'S SONS
KANSAS CITY, MISSOURI

20. FILED
725 19 35 M. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 22 1935

I HEREBY CERTIFY, That I attended deceased from 1926 to Jan 22 1935
 I first saw him alive on January 22, 1935 Death is said to have occurred on the date stated above, at 9:23 P.m.

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

Uremia Chr. Nephritis Date of onset 1/19/35
ventricular fibrillation 1/19/35
pneumonia Oedema 1/20/35

Other contributory causes of importance:
Coronary Occlusion
Pericarditis
Cardiac failure

Name of operator Frank Date of _____
 What test confirmed diagnosis? Chemical 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 of injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) August C. Regal M. D.
632 Prof. Bldg. Kansas

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.

632 Professional Bldg.

10:30-4