JUN 24 1935

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

Do not use this space.

19757

File No. 2393

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 5020 Grand Ave, St. Ward)

2. FULL NAME Thomas T. Macfarlane

(a) Residence, No. 5020 Grand Ave, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 Anna E. Macfarlane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1859

7. AGE: 76 YEARS — MONTHS: 3 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Chicago Illinois

FATHER

13. NAME Wm. Macfarlane

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

MOTHER

15. MAIDEN NAME Anna Tebbetts

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

17. INFORMANT (ADDRESS) Mrs Anna E. Macfarlane 5020 Grand Ave,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE 6-12-35, 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel 104 West 42nd Street

20. FILED 6/11 1935 W. M. Crowe Ass. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1935, to 6-9, 1935

I last saw him alive on 6-9, 1935 Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Chronic Myrocardosis from History - several yrs.	
acute attack	24 hrs
Other contributory causes of importance:	
arterial sclerosis	several yrs

98

Name of operation none 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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John O. Skinner, M. D.

(Address) 140 Bryant B.

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.

1402

Dr. John O. Skinner
Bryant Bldg.
Rm 7010
1:30 – 5 P.M.