FEB 20 1936

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

Do not use this space.

1332

File No. 1 185

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: East — Primary Registration District No.: 1002

City: K. C. Mo (No.: Lakeside Hospital St. Ward)

2. FULL NAME James H. McCormick

(a) Residence, No. 2507 Brooklyn 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-15-1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
46	10	26	

OCCUPATION

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

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) Missouri

FATHER

13. NAME James McCormick

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

MOTHER

15. MAIDEN NAME Nettie Jones

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

17. INFORMANT Miss Flora McCormick
(ADDRESS) 2507 Brooklyn, ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan-13-1936

19. UNDERTAKER Mrs. E. L. Foutty
(ADDRESS) 918 Brooklyn Ave, K.C. Mo

20. FILED Jan 12 1936 M. M. Crown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-11-1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30th, 1935, to Jan. 11th, 1936, 19..

I last saw him alive on Jan 11th, 19.. Death is said to have occurred on the date stated above, at 5:40 p.m.

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

	Date of onset
Acute Miliary Tuberculosis	
(first clinical symptoms Nov 30th 35)	

Other contributory causes of importance: Dilipsosis

Name of operation: Date of:

What test confirmed diagnosis? Clin. & Lab. 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, 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? Yes

If so, specify Silicosis (Dust Inhalation)

(Signed) Osteopath C. A. Tinsillar D.O.

(Address) 612 Chamber Bldg.

N.B.—Every item of information should be carefully supplied. Not merely a few items. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.