

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.

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

Do not use this space.

MAY 19 1936

1. PLACE OF DEATH

County Jackson
Township Waverly
City Kansas City (No. St. Lukes Hoop)

Registration District No. 399
Primary Registration District No. 1002

File No. 15471
Registered No. 2191
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2623 Bellefontaine 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 Male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Field McCann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 1857

7. AGE YEARS 79 MONTHS 0 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Illinois

13. NAME Thomas McCann

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mary Field McCann (ADDRESS) 2623 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 4/27 36

19. UNDERTAKER Stues & McClure (ADDRESS) 3235 Bellflower Plaza

20. FILED Apr 27 1936 M. M. Cronk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1936, to Apr 25, 1936
I last saw him alive on Apr 25, 1936. Death is said to have occurred on the date stated above, at 4:20 p. m.
The principal cause of death and related causes of importance were as follows:

Influenza
Terminal Pneumonia
1/2

Date of onset Apr 24

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Cultures 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? No
If so, specify _____
(Signed) Alford, M. D.
(Address) 402 Withman Bldg.

