DEC 3 1936

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

Do not use this space.

43111

File No. 791

Registered No. 11687

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Lukes Hospital St. Ward)

2. FULL NAME Charles Robert McBride

(a) Residence, No. St., R.R. Ward. Wallace, Kansas
(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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22nd, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	10	3	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Kentucky

FATHER

13. NAME Robert McBride

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

MOTHER

15. MAIDEN NAME Federika Aull

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

17. INFORMANT Miss Ann McBride
(ADDRESS) Wallace, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Junction City, Ka. DATE Nov. 25th, 1936

19. UNDERTAKER Wiedemann Vand
(ADDRESS) 1905 Union Blvd.

20. FILED NOV 25 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1936, to 11-25, 1936

I last saw h. alive on 11-25, 1936 Death is said to have occurred on the date stated above, at 7 3/4 m.

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

	Date of onset
Coronary Thrombosis	11-25-36

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? E.C.G. 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 or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. Tommy Deweck, M. D.

(Address) Bennett Ks.

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.