

JAN 19 1937

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

Do not use this space.

44996

1. PLACE OF DEATH

County Jackson Registration District No. 397
Township Haw Primary Registration District No. 1002
City Kansas City (No. 5740 Charlotte) St. _____ Ward _____

2. FULL NAME

Edgar Brenton McDill
(a) Residence, No. 5740 Charlotte 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clad Claudine McDill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-20-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 4 6

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

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

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) Kansas

13. NAME Edgar B. McDill

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

15. MAIDEN NAME Frances H. Breston

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

17. INFORMANT Claudine McDill

(ADDRESS) 5740 Charlotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE Dec-22-36

19. UNDERTAKER Mr E. P. Shorter

(ADDRESS) 217 Broadway

20. FILED Dec 27 1936 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/25 1936 to 12/26 1936

I last saw him alive on 12/26 1936. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 2 days

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Smear Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No 1936

Where did injury occur? None (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 None

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

If so, specify Edgar B. McDill M. D.

(Address) 114 Myant Ref 9m

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.

1-10-36-36 I X7044

Eugene Carborough

Bryant Bldg.

Vi-8590

12: till 6.00