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.

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No. 30101
Township — Primary Registration District No. 3006 — Registered No. 203
City Columbia (No. Boone County Hospital St. Ward)

2. FULL NAME Harold James McCord
(a) Residence, No. 1105 N. Walnut St., Ward. Champaign Ill
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 4 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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 17-1904
7. AGE: 31 — YEARS: 33 — MONTHS: 5 — DAYS: 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: common.
10. Date deceased last worked at this occupation (month and year): June 15 1930
11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rantoul Illinois

FATHER
13. NAME: William McCord.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown

MOTHER
15. MAIDEN NAME: Blanche Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ottowa Illinois

17. INFORMANT (ADDRESS): John Bynolds Champaign Ill.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Lawn Illinois DATE Aug 30 1937
19. UNDERTAKER (ADDRESS): Parker Furniture Co. Columbia Missouri
20. FILED 8/27/1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/27, 1937
22. I HEREBY CERTIFY, That I attended deceased from July 29, 1937, to 8/27, 1937
I last saw him alive on 8/26, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	?
59	

Other contributory causes of importance: Strangulated Hernia 7/27/37
Name of operation: Hernotomy Date of 7/29/37
What test confirmed diagnosis? Lab & op. 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 —, 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) Hedley A. Ribner, M. D.
(Address) Columbia Mo

MAY 4 1943