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.

JAN 17 1938

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 44375

Township Kaw — Primary Registration District No. 1002 — Registered No. 5278

City Kansas City (No. 3409 Cleveland St. Ward)

2. FULL NAME Charles William McCandless

(a) Residence, No. 3409 Cleveland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1868

7. AGE: Years 69 — Months 10 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreal Canada

FATHER

13. NAME William McCandless

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreal Canada

MOTHER

15. MAIDEN NAME Margaret Lebeau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreal Canada

17. INFORMANT (ADDRESS) Mrs. O.E. Toolen 4105 Michigan

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Hos DATE Dec. 29, 1937

19. UNDERTAKER (ADDRESS) D.W. Newcomer's Sons

20. FILED Dec 29, 1937 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1937

22. I HEREBY CERTIFY, that I attended deceased from Dec. 27, 1937, to Dec 28, 1937

I last saw him alive on Dec 28, 1937. Death is said to have occurred on the date stated above, at 2:15A m.

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

	Date of onset
Coronary Occlusion	
GHD	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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) [illegible] M. D.

(Address) [illegible] Bldg. K.C. Mo.

Prof. Bldg.