

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.

REC'D DEC 11 1939

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

39108
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township..... Primary Registration District No. 31001
 (c) City St. Joseph (d) Street No. 2117 Felix St. St.
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Marion M. McVey
 (a) Residence, No. 2117 Felix St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or min.
	<u>79</u>	<u>2</u>	<u>13</u>	

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

9. Industry or business in which work was done, as saw mill, bank, etc. Mule trader, self.

10. Date deceased last worked at this occupation (month and year) About 1919 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) Buchanan County 13. NAME Coleman McVey
 (STATE OR COUNTRY) Missouri

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

15. MAIDEN NAME Armanda Kline

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

17. INFORMANT Mrs. C. F. Cagins
 (ADDRESS) 2737 Kansas St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pleasant Ridge Cem. DATE Nov. 29, 1939

19. FUNERAL DIRECTOR (NAME) Fred D. Clark Mortuary
 (ADDRESS) 5025 King Hill Ave.

20. FILED Dec. 5, 1939 A. J. Nestel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1939, to Nov 27, 1939
 I last saw him alive on Nov 25, 1939. Death is said to have occurred on the date stated above, at 10:30am.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Other contributory causes of importance:
probable cerebral hemorrhage probably Septic which had caused partial paralysis
 Name of operation none Date of.....
 What test confirmed diagnosis? Chemical 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 No
 (Signed) H. A. Robertson, M. D.
 (Address) St. Joseph Mo

Date of onset Nov 27-39
Dr. Nestel

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~on~~ ^{at} ~~by~~ Nov. 27, 19

....., Registered Apprentice No.
working under my personal supervision.

Signed *Earl Clark*

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.