

DEC 20 1930

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

Do not use this space.

35277

1. PLACE OF DEATH

County Andrew
Township Haltom
City Missouri

Registration District No. 26
Primary Registration District No. 8002

File No. _____
Registered No. 150
St. _____ Ward _____

2. FULL NAME

Kenneth-Royal McCard

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Student</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb-23-1917</u>		
7. AGE	YEARS	MONTHS
	<u>13</u>	<u>9</u>
		DAYS
		<u>5</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Student</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u> (STATE OR COUNTRY)	
PARENTS	10. NAME OF FATHER <u>Ruben McCard</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Andrew</u> (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Alice Newton</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ladelsmid</u> (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT (Address) <u>Alice McCard</u>
15. FILED <u>Nov 29th 30</u> <u>Ira S. Milligan</u> REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 28 1930

17. I HEREBY CERTIFY, That I attended deceased from November 28 1930, to November 28 1930, that I last saw him alive on November 28 1930, and that death occurred, on the date stated above, at 9:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis of Respiratory Centers
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arrested respiratory to
torsion operation (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH _____

DATE OF OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS General Symptoms
(Signed) Fred Guifford M. D.
, 19 (Address) Missouri Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Mexico Mo Cemetery</u>	DATE OF BURIAL <u>11-29 1930</u>
20. UNDERTAKER <u>H A Pickett & Son</u>	ADDRESS <u>Missouri Mo</u>

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

