

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

Do not use this space.

244

**1. PLACE OF DEATH**

Buchanan

County

Registration District No. 65

St. Joseph

Township

Primary Registration District No. 20  
927 West Hyde Park Ave.

City

(No.

File No.

Registered No. 60

St. Ward)

**2. FULL NAME** John A. McIntyre

(a) Residence, No. 927 West Hyde Park Ave., 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**

<b>3. SEX</b> Male	<b>4. COLOR OR RACE</b> White	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) Married		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED</b> HUSBAND OF (OR) WIFE OF Eddith McIntyre				
<b>6. DATE OF BIRTH</b> (MONTH, DAY, AND YEAR) April 6, 1886				
<b>7. AGE</b>	<b>YEARS</b> 47	<b>MONTHS</b> 9	<b>DAYS</b> 8	<b>IF LESS than 1 day,</b> .....hrs. or .....min.

<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> Laborer
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> Armour & Co.
	<b>10. Date deceased last worked at this occupation</b> (month and year) 1-13-34

**11. Total time (years) spent in this occupation** 20

**12. BIRTHPLACE** (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Missouri

**13. NAME** George P. McIntyre

**14. BIRTHPLACE** (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Missouri

**15. MAIDEN NAME** Adaline George

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

**17. INFORMANT** Eddith McIntyre  
(ADDRESS) 927 W. Hyde Park Ave.

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE King Hill Cem. DATE Jan. 15, 1934

**19. UNDERTAKER** Fred D. Clark  
(ADDRESS) 5025 King Hill Av.

**20. FILED** 1-16-34 John A. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) Jan. 14, 1934

**22. I HEREBY CERTIFY**, That I attended deceased from 1-9-34 to 1-14-34

I last saw him alive on 1-13-34. Death is said to have occurred on the date stated above, at 9 A.M.

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

Labo Pneumonia 1/8/34  
myocarditis 5 days  
106 108

Date of onset

Other contributory causes of importance:

Name of operation Clinical 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) O. P. Pruesson M. D.

(Address) 670 Pruesson St.

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

1934

