

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

Do not use this space 10959
10999

1. PLACE OF DEATH

County Jackson
Township Frank
City J.C. Mo. (No. 2033 - East 71st. St.)

Registration District No.
Primary Registration District No.

File No.
Registered No. 1470
St. Ward)

2. FULL NAME

Orrie E. McLeell

(a) Residence. No. 2033 East 71st St., 16 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX He 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-26-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 0 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) Housework.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Daniel Whitmore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ella Toal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT David McLeell
(Address) 2033 East 71st.

15. FILED 3/25 19. 29 M.M. Crain REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 25, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1929, to 25 March, 1929.
that I last saw h. alive on Mar 24, 1929, and that death occurred, on the date stated above, at 4:45 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Esophagus

44 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Esophagus
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?
31 (Signed) James S. Fisher, M.D.
25 (1929) Address 734 Angyle

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond, Mo. DATE OF BURIAL 3-25-1929

20. UNDERTAKER Ms. C. L. Foster ADDRESS J.C. Mo.

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

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.

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