

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

Do not use this space.

**MAR 16 1928**

4057

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1001

Registered No. 151

City St. Joseph

(No. Missouri Methodist Hospital)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ralph McKissick

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Dearborn MO.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred  yrs.  mos. 9 hrs 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)**

Married

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

Pearl McKissick

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** May 19, 1890

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

37

8

15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Clay County, Missouri.

**10. NAME OF FATHER** Moses McKissick.

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Clay County, Missouri.

**12. MAIDEN NAME OF MOTHER** Zelpha Hall

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Clay County, Missouri.

**14. INFORMANT** Claud McKissick

(Address) Dearborn, MO.

**15. FILED** John G. Galt REGISTRAR

FEB 4 1928

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** February 4 1928

**17. I HEREBY CERTIFY**, That I attended deceased from Feb 4, 1928, to Feb 5, 1928, and that I last saw him alive on Feb 4, 1928, and that death occurred, on the date stated above, at 3:05 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Strep. Pneumonia - Meningitis  
Seed graft in spinal fluid

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED** Stanhom Mo

IF NOT AT PLACE OF DEATH, NO DATE OF \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? NO

WHAT TEST CONFIRMED DIAGNOSIS? Spinal Puncture  
showing (Signed) Chas. J. ..., M. D.

Feb. 4, 1928 (Address) St Joseph 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** Orrick, Missouri.

**DATE OF BURIAL** Febr. 5, 1928.

**20. UNDERTAKER** H. O. Sidusladu ADDRESS 1802 Union Str

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.

