

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

Do not use this space.

27982

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Raw Primary Registration District No. \_\_\_\_\_ Registered No. 30777  
 City Madison City (No. Emergency Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1709 Holmes St. Ward 3  
 (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**

|  |  |  |
|--|--|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>Col</u>               | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Bettie McDaniel</u>  |  |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR)<br><u>Oct. 14, 1886</u>   |  |  |
| 7. AGE   | YEARS<br><u>42</u>                           | MONTHS<br><u>10</u>  |
|  | DAYS<br><u>(None)</u>                        |  |
|  | If LESS than 1 day, _____ hrs. or _____ min. |  |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work.<br><u>Labourer</u><br>(b) General nature of industry, business, or establishment in which employed (or employer).<br>(c) Name of employer. |  |  |

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

|         |   |
|---------|---|
| PARENTS | 10. NAME OF FATHER<br><u>Alpha McDaniel</u>   |
|         | 11. BIRTHPLACE OF FATHER (CITY OR TOWN)<br>(STATE OR COUNTRY)<br><u>S. Darlington</u> |
|         | 12. MAIDEN NAME OF MOTHER<br><u>Lucy Rowland</u>                                      |
|         | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)<br>(STATE OR COUNTRY)                         |

14. INFORMANT Frank McDaniel  
 (Address) 621 N. 5th St.  
 15. FILED 9/29, 1929 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/28 1929

17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ascleles

998 (duration) \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 9/10 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) Stanley M. Hales M. D.  
1/28, 1929 (Address) Deputy Coroner

\*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 DATE OF BURIAL  
Maple Hill Cemetery Aug. 30 1929  
 20. UNDERTAKER ADDRESS  
Nathan H. Hatcher 15207.5th

WRITE PLAINLY, WITH UNFADING INK---THIS IS AN ORIGINAL 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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