

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.

MAY 27 1931

Kendry

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

Do not use this space.

16786

File No. ~~16786~~ 40
Registered No. _____ St. _____ Ward _____

1. PLACE OF DEATH

County *Sevier*
Township *Richland*
City *Sikeston* (No. _____)

Registration District No. *821*
Primary Registration District No. *670*
14553

2. FULL NAME

Hughy Donaldson

(a) Residence, No. _____ St. _____ Ward _____
(Residence 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 *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 *Alma Donaldson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 23 1900*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 6 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Electrician*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *Apr 6 1931* 11. Total time (years) spent in this occupation. *2 mos*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jasper Co Arkansas*

13. NAME *Wm Donaldson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jasper Co Arkansas*

15. MAIDEN NAME *Susie Lloyd*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Co Arkansas*

17. INFORMANT (ADDRESS) *Alma Donaldson Sikeston Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sikeston* DATE *Apr 19 1931*

19. UNDERTAKER (ADDRESS) *J. G. Welch Sikeston Mo*

20. FILED *4/23/31* *Walter Davis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 16 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 16 - 31* to _____, 19____

I last saw h. in *dead* *Apr 16 - 1931* at _____ on _____, 19____. Death is said to have occurred on the date stated above, at *5:10 PM*.

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

Electrocuted
Immediate death
Coming in contact with
33000 volt wire while

Other contributory causes of importance: *Walking on pole*

Name of operation _____ Date of _____
What was confirmed diagnosis? *Electrocution* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *Apr 16, 1931*
Where did injury occur? *Sikeston Mo*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Industry*
Manner of injury *Electrocuted - 33000 volts*
Nature of injury *immediate death*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *injured while in line of duty*

(Signed) *Howard M. Kendry*, M. D.
(Address) *Sikeston Mo*

