

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan, Registration District No. 1001
Township _____ Primary Registration District No. _____
City St. Joseph, (No. 2231 Edmond) St. _____ Ward _____

85

File No. 4022
Registered No. 186

2. FULL NAME Mary Elizabeth McDonald,

(a) Residence, No. 2231 Edmond St. _____ 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. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12th, 1847
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
86 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) February 1921 11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maxville, Kentucky,

13. NAME John Bosley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

15. MAIDEN NAME Hettie Head,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT Edwin R. McDonald (ADDRESS) 2231 Edmond Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Feb. 18th, 1934

19. UNDERTAKER Heaton-Begole & Bowman (ADDRESS) 319 So. 10th St. Funeral Home

20. FILED 2-16-34 19 John R. Bender Registrar.

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1934 to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:40 a.m.

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

Cerebral Hemorrhage Date of onset _____
Arterio Sclerosis

Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) John R. Thomas Coroner M. D.
(Address) 731. Facon

