

Do not use this space.
 MAY 20 1936

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

Do not use this space.

14784

1. PLACE OF DEATH

County *De Witt*
 Township *Barren*

Registration District No. *318*

File No. _____

Primary Registration District No. *2001*

Registered No. *310 A*

James H. McDaniel (No. *James H. McDaniel*)
 Full Name *James H. McDaniel* St. _____ Ward _____

(a) Residence, No. *2403 N. Bell* St., _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *20* yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Keller O'Brien*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 4, 1908*

7. AGE YEARS *28* MONTHS *0* DAYS *0* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Calender*
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

MOTHER 13. NAME *Ed H. Proc.*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

17. INFORMANT *General Que* (ADDRESS) *Chicago Ill*

18. BURIAL, CREMATION, OR REMOVAL *Chicago* PLACE *Chicago* DATE *April 6, 1936*

19. UNDERTAKER *Thompson* (ADDRESS) *6245 W. Walnut*

20. FILED *4-5* 19. *36* *Ralph W Langston* Registrar. (Address) *217 210 Jefferson*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 4, 1936*

22. I HEREBY CERTIFY That I attended deceased from *Feb 1936* to *April 4, 1936*
 I last saw him alive on *April 4, 1936* Death is said to have occurred on the date stated above, at *110 a. m.*
 The principal cause of death and related causes of importance were as follows:

Abscess of Right Lung
not tubercular
 Other contributory causes of importance: *714*

Name of operation *Operation* Date of *4-4-36*
 What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) *Edmund Arthur* _____ M. D.
R. J. 210 Jefferson

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.

