

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Osage
 Township Washington
 City Freeburg (No. _____)

Registration District No. 1124
 Primary Registration District No. 58512

File No. 7664
 Registered No. 23
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ WIFE OF _____ <u>Cornelia Donaldson</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8 - 25 - 1866</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>71</u>	<u>5</u>	<u>25</u>	<u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lice Sick Building</u>			11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>			
10. Date deceased last worked at this occupation (month and year) <u>2/17/38</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland County Mo</u>			
FATHER	13. NAME <u>Salman Donaldson</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scottsburg County Mo</u>		
MOTHER	15. MAIDEN NAME <u>Martha Donaldson</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland County Mo</u>		
17. INFORMANT (ADDRESS) <u>Edo Donaldson Freeburg Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Raden Mo</u> DATE <u>Feb. 23 - 1938</u>			
19. UNDERTAKER (ADDRESS) <u>Carl Cunningham</u>			
20. FILED <u>March 9, 1938 Mrs. D. B. Beechler Registrar</u>			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 - 1938, to Feb 30 - 1938
 Last saw him alive on Feb 19 1938 Death is said to have occurred on the date stated above, at 6:45 AM
 The principal cause of death and related causes of importance were as follows:
Otitis Media - Acute Date of onset Jan 31 1938
Rhinitis - Acute
 Other contributory causes of importance:
Rheumatism - Acute
 Name of operation Louisiana Thompson Date of _____
 What test confirmed diagnosis Chl. Test Was there an autopsy? _____

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) A. H. Ray M.D.
 (Address) Freeburg, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

