JUN 24 1927

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

Do not use this space. 14239

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001 — File No.
City: St. Joseph, (No. 2417 Messanie St. St. Ward) — Registered No. 529

2. FULL NAME: Jerrold Alan McDonald
(a) Residence. No. 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. 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May, 17, 1927

7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, 8 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

PARENTS
10. NAME OF FATHER: Raphael McDonald
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mound City, Mo.
12. MAIDEN NAME OF MOTHER: Leona Rohloff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

14. INFORMANT: Raphael McDonald
(Address) 2417 Messanie St.

15. FILED: JUN 18 1927 — John G. Fitz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May, 17, 1927

17. I HEREBY CERTIFY, That I attended deceased from 5-16, 1927, to 5-17, 1927 that I last saw him alive on 5-17-27, 1927, and that death occurred, on the date stated above, at 10.45 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Morbus Cerebrus
157B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 157B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. A. Gunning, M.D.
, 19 (Address) St Joseph Mo.

*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: Mt. Auburn Cemetery — DATE OF BURIAL: May, 18, 1927

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.