AUG 16 1927

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

Do not use this space.

20680

85

1001

File No. 698

Registered No.

1. PLACE OF DEATH

County Buchannan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph. (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Charles H. Donelson.

(a) Residence. No. St., Ward. Lamona Iowa.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White.	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 24, 1867.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	60	4	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Harrison County
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Reuben Donelson.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrison Co.
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Margurite M. Hall.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrison Co.
(STATE OR COUNTRY) Missouri.

14. INFORMANT G.A. Donelson.
(Address) Lamona Iowa.

JUL 8

15. FILED 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1927, to July 8, 1927 that I last saw him alive on July 8, 1927 and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Heart disease~~ (arterio sclerotic)
94 B
97 (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Coronary occlusion
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH? Lamoni Ia
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L. H. Tuson, M.D.
7/9, 1927 (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 Lamona Iowa.

DATE OF BURIAL July 9, 1927

20. UNDERTAKER H. O. Sidenfader

ADDRESS 1802 Union 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.