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

Do not use this space.

32858

1928

1. PLACE OF DEATH

County: Butler — Registration District No.: 89 — File No.:

Township: — Primary Registration District No.: 3007 — Registered No.: 284

City: Poplar Bluff (No. ..., ... St., ... Ward)

2. FULL NAME: Geo. McDaniel.

(a) Residence. No. 510 Jefferson St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M-

4. COLOR OR RACE: C —

5. ~~SINGLE, MARRIED, WIDOWED OR~~ DIVORCED (*write the word*): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~: Amelia McDaniel

6. DATE OF DATE OF BIRTH (MONTH, DAY AND YEAR): June 25 1865

7. AGE — YEARS: 62 — MONTHS: 4 — DAYS: 23 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): Charleston
(STATE OR COUNTRY): S. C.

PARENTS

10. NAME OF FATHER: Phil. McDaniel

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Phil McDaniel
(STATE OR COUNTRY): S. Carolina.

12. MAIDEN NAME OF MOTHER: Mary Ashmore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Charleston
(STATE OR COUNTRY): S. Carolina.

14. INFORMANT: Zorena McDaniel.
(Address): Poplar Bluff.

15. FILED: 12-3-1927 — W. S. Bailey, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11/18 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Nov. 18, 1927, that I last saw he was alive on ... 19..., and he was dead when I last saw him, and death occurred on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis Stenosis
Gall Bladder
(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (SECONDARY): no
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. F. B. Taylor, M. D.
11/30 1927 (Address) Poplar Bluff 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: City Cemetery. — DATE OF BURIAL: 11/25 1927

20. UNDERTAKER: Frank Undertaking Co. — ADDRESS: Poplar Bluff

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.

THIS IS A PERMANENT RECORD