23 1928

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

Do not use this space.

38092

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township — Primary Registration District No. 6033 — Registered No. 376
City ~~St. Louis~~ Clayton (No. 71 Aberdeen Place St. Ward)

2. FULL NAME Clare Florence McDonald
(a) Residence. No. 71 Aberdeen Place 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: F.C.McDonald

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 15, 1884

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 6 | 15 | |

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

9. BIRTHPLACE (CITY OR TOWN): Madison
(STATE OR COUNTRY): Ind.

PARENTS
10. NAME OF FATHER: James Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ind.
(STATE OR COUNTRY): ~~Powell~~
12. MAIDEN NAME OF MOTHER: Powell ~~Ind~~/
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ind.

14. INFORMANT: F.C.McDonald
(Address): 71 Aberdeen Place

15. FILED 12/31/27 [signature] REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1924, to Dec 30, 1927 that I last saw h. or alive on Dec 30, 1927, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Heart
920
986
Acute (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Chronic myocarditis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lloyd L Tate, M.D
12-30, 197 (Address) 910 century

*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: Walhalla Cem
DATE OF BURIAL: Jan. 1 1928

20. UNDERTAKER: Alexander & Lewis
ADDRESS: 6175 Delmar

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.