PR 3 1928

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 7975
Township — Primary Registration District No. 1001 — Registered No. 301
City St. Joseph, (No. 2220 Francis St. Ward)

2. FULL NAME Martha McDonald Dolman,
(a) Residence. No. 2220 Francis St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 64 yrs. 10 mos. 26 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 John A. Dolman,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	10	26	

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

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Rufus L. McDonald,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington Co.
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Mary Ann Wilson,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard Co.,
(STATE OR COUNTRY) Missouri,

14. INFORMANT John A. Dolman
(Address) 2220 Francis Street.

15. FILED MAR 8 1928, 19 John G. Ettz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from May, 1926 to March 7, 1928 that I last saw her alive on March 1, 1928, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arterio Sclerosis with myocarditis and auricular Fibrillation
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemiplegia - apoplexy
(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? History & Physical
(Signed) H. G. Thompson Jr., M.D.
Mch 8, 1928 (Address) 825 Charles St.

*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: Mount Mora Cemetery
DATE OF BURIAL: Mch. 9th 1928

20. UNDERTAKER: Heaton & Beagle & Bowman
ADDRESS: 319 S. 10 St.
w/ 834 Karle Funeral Home

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.