

JUN 1 1928

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

Do not use this space.

9652

1. PLACE OF DEATH

County... *Lewis*
Township... *Jefferson*
City... *Jefferson* (No.) St. Ward)

Registration District No. *483*
Primary Registration District No. *8-5-47*

File No.
Registered No.

2. FULL NAME

Mary Kathleen McDaniel

(a) Residence No. St. Ward.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Infant*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar. 29 1928*

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

17. I HEREBY CERTIFY, That I attended deceased from *Mar. 29*, 1928, to *Mar. 29*, 1928, (that I last saw *L.A.A.* alive on *Mar. 29*, 1928, and that death occurred, on the date stated above, at *9:30 a.m.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar. 21 1928*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. *0 0 8*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

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

CONTRIBUTORY (SECONDARY) *11/10* yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) *Lewis Co.* (STATE OR COUNTRY) *Missouri*

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

10. NAME OF FATHER *Jessie F. McDaniel*

DID AN OPERATION PRECEDE DEATH?

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Grain Hill Cemetery* DATE OF BURIAL *Mar. 30 1928*

12. MAIDEN NAME OF MOTHER *Jessie McDaniel*

WHAT TEST CONFIRMED DIAGNOSIS. (Signed) *P. W. Jennings*, M. D. *3-30, 1928* (Address) *Canton Mo*

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

*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.

14. INFORMANT *Jessie M. Daniel* (Address) *Canton Mo*

20. UNDERTAKER *C. E. Buckley* ADDRESS *Canton Mo*

15. FILED *4/11, 1928* REGISTRAR *W. W. ...*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Amount of cemetery supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

