MAY 29 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
Township: — Primary Registration District No. 1001
City: St. Joseph, (No. 22nd. & Felix St. St. Ward)

File No. 12395
Registered No. 511

2. FULL NAME: George Edwin McDaniel
(a) Residence. No. 122 So. 22nd. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July, 23, 1852

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Store Kepper
(b) General nature of industry, business, or establishment in which employed (or employer): Bell Telephone Co. Retired 2 yrs.
(c) Name of employer: Bell Telephone Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal, Mo.

PARENTS
10. NAME OF FATHER: William McDaniel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Jane Stevens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Baltimore, Md.

14. INFORMANT: Mrs. Lenora Proeber
(Address): 122 So. 22nd. St.

15. FILED APR 24 1928 19 John G. Ett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr, 22, 1928 19

17. I HEREBY CERTIFY, That I ~~attended~~ deceased from on April 22, 1928, to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 9.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of Spul, result of an automobile accident on 22 & Felix St. St Joseph Mo.
210M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 188C
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem findings & History of accident
(Signed) J. W. Mayer Coroner, M. D
4/23/, 1928 (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: Ashland Cemetery
DATE OF BURIAL: Apr, 24, 1928

20. UNDERTAKER: Walter Meinhoffer
ADDRESS: 1302 Faraon 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.