

JUL 24 1928

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

Do not use this space.

20007

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township Joseph Primary Registration District No. 1001  
 City Joseph (No. Mo. Mich. Hosp. St. 802 Ward)

2. FULL NAME Denny Jerome M. Donald  
 (a) Residence. No. Coaly # 6 St.          Ward.           
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 1 mos. 23 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 1948

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>23</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work No  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Boyd M. Donald

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

12. MAIDEN NAME OF MOTHER W. Spain

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

14. INFORMANT H.B. M. Donald  
 Address Coaly # 6  
 15. FILED 2 1928 John G. Up REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1948

17. I HEREBY CERTIFY That I attended deceased from June 19 1948 to June 30 1948 that I last saw h.          alive on June 30, 1948, and that death occurred, on the date stated above, at 6:30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Operation for strangulated hernia  
122A  
 (duration) yrs. 3 mos. 2 ds.  
 CONTRIBUTORY operation for same  
 (SECONDARY) (duration) yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH 118001  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 30 28  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Micro  
 (Signed) J. H. Allmaras M. D.  
7/2, 1948 (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 Green Cross DATE OF BURIAL 7/2 1948  
 20. UNDERTAKER J. H. Sturges ADDRESS 216 So 10 St

WRITE PROMPTLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

