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

Do not use this space.

File No. 27681

Registered No. 77

1. PLACE OF DEATH

County: Jefferson — Registration District No. 421

Township: Joachim — Primary Registration District No. 4249

City: Festus (No. ..., ..., St. ..., Ward)

2. FULL NAME Mary C. Mc Donald

(a) Residence. No. ..., 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. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	61	3	9	

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

9. BIRTHPLACE (CITY OR TOWN) Plattin
(STATE OR COUNTRY) Jefferson Co Mo

PARENTS

10. NAME OF FATHER J. E. McCormack

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Plattin
(STATE OR COUNTRY) Jefferson Co Mo.

12. MAIDEN NAME OF MOTHER M. Tucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Plattin
(STATE OR COUNTRY) Jefferson Co Mo.

14. INFORMANT Mrs. Margarette Burnside
(Address) Festus Mo.

15. FILED 8/17, 1928 J. E. Ruttle Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1928

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to Aug 15, 1928, that I last saw him alive on Aug 15th, 1928, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
12 7 8 9 0 0 0
(duration) ... yrs. ... mos. 20 ds.

CONTRIBUTORY (SECONDARY) Cholecystitis
(duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at Place of death
DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical only
(Signed) Norval W. Jones, M. D
Aug 17, 1928 (Address) Festus, 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: Festus Mo. — DATE OF BURIAL: Aug 17 1928

20. UNDERTAKER: Duester & Vineyard — ADDRESS: Festus Mo.

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.