

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

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

Do not use this space.

34507

1. PLACE OF DEATH

County Randolph

Registration District No. 735

File No.

Township

Primary Registration District No. 3034

Registered No. 197

City Moberly

(Name) Mc. Cormick Hospital St. (Ward)

2. FULL NAME

J Mary Macdonald

(a) Residence. No. 534 W. Hopkins 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22-1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 | 8 | 23 | — | — | —

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)
(c) Name of employer

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

10. NAME OF FATHER Thomas Craig

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

12. MAIDEN NAME OF MOTHER Mary Atkins

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

14. INFORMANT J M J Hall
(Address) Moberly, Mo.

15. FILED 10/15/28 In Ch. J. J. J. J. REGISTER

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY that I attended deceased from 19..... to 19.....

that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Internal injuries and shock, automobile accident 2 miles east of Moberly on Middle Gate Road, Randolph Co. Mo.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

18. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J M Jellay Coran
10-15-1928 (Address) Moberly 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 Huntsville, Mo. DATE OF BURIAL 10-17-1928

20. UNDERTAKER Mahan and Sow ADDRESS Moberly 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.

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