

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

Do not use this space.

8898

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 1006  
 City Stamps (No. Peoples Hospital)

File No.....  
 Registered No. 2093  
 St. .... Ward)

**2. FULL NAME**

(a) Residence No. 2934 Jefferson St., 21 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10-1893

7. AGE YEARS MONTHS DAYS II LESS than 1 day, hr. or min.  
35 | 10 | 13

8. OCCUPATION OF DECEASED Sabarer  
 (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

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

10. NAME OF FATHER John McDaniel

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

12. MAIDEN NAME OF MOTHER Ellen Baker

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

14. INFORMANT Lula McDaniel  
 (Address) 2934 Jefferson

15. FILED 28 1929 Miss Stanley  
 RECISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25-1929

17. I HEREBY CERTIFY That I attended deceased from Feb 25 to Feb 25, 1929, and that I last saw h. alive on Feb 25 and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Intestinal Obstruction  
Valvular  
127 B (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 118 B1 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF Feb 25/29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) [Signature] M. D.  
 . 19 29 (Address) 3136

\*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 Jefferson Burial DATE OF BURIAL 2-28 1929

20. UNDERTAKER W. Swade ADDRESS 4202 Finney

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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