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

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.

26 1929

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

Do not use this space.

11434

1. PLACE OF DEATH

County Livingston — Registration District No. 508 — File No.

Township — Primary Registration District No. 3026 — Registered No. 34

City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME Mary McDonald

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: colored ~~Male~~

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: About 70 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(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

PARENTS

10. NAME OF FATHER: Chas. McDonald

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Chas McDonald
(Address): Chillicothe Mo.

15. FILED 3/5, 1929. Reuben Barney, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 4, 1929, to Mch, 1929, that I last saw her alive on Mch 4, 1929, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

2 3 A (duration) 2 yrs. ..... mos. ..... ds.

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

31

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

9 DID AN OPERATION PRECEDE DEATH? X DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) N W Dowell M.D.

3/4, 1929 (Address) Chillicothe 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: South Closed Cemetary — DATE OF BURIAL: 3-6 1929

20. UNDERTAKER: R. M. Marshall — ADDRESS: Chillicothe