JUL 27 1929

8

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

Do not use this space.

22364

1. PLACE OF DEATH
County Randolph
Township Prairie
City Clark (No. St. Ward)

Registration District No. 736
Primary Registration District No. 5964
File No.
Registered No. 14

2. FULL NAME Margaret A. Angell

(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 F
4. COLOR OR RACE W
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) Nov-10-1851

7. AGE Years 77 Months 6 Days 25 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired house wife
(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) Kentucky

PARENTS
10. NAME OF FATHER Frank McDonald
11. BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky
12. MAIDEN NAME OF MOTHER Margaret McDonald
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14. INFORMANT Elmer Angell
(Address) Clark, Mo

15. FILED 6-12 1929 G. T. Kimbrough REGISTRAR

2 - **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (month, day and year) 6-5, 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-1, 1929, to 6-5, 1929, that I last saw her alive on 6-4, 1929, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Valvular Heart
~~10 years~~
92 11
97 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) R. L. Woods, M. D
, 19 (Address) Clark 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 Wright Cemetery
DATE OF BURIAL 6-7 1929

20. UNDERTAKER Barner Hunter & Mcc
ADDRESS Sturgeon Mo

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.

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[illegible]

[illegible]

[illegible]

[illegible]

[illegible]