

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 399**

Do not use this space. 87706

**1. PLACE OF DEATH**

County Jackson Registration District No. 1002

Township Howe Primary Registration District No. \_\_\_\_\_

City Kansas City Mo. St. Vincent Star (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. 352 1/2 Jackson St., 16 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 7 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 5 hrs. or — min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Chief (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) Kansas City Missouri

10. NAME OF FATHER Gordon G. McDonald

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

12. MAIDEN NAME OF MOTHER Sadie Donovan

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

14. INFORMANT (Address) Gordon G. McDonald 352 1/2 Jackson Ave

15. FILED 8/8 1929 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-7 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-7, 1929, to 8-7, 1929, and that I last saw h. live alive on 8-7, 1929, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Prematurity 1 1/2 yrs. 7 mos. 1 wk. (duration) yrs. mos. da.

CONTRIBUTORY labor (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 161 W. No. IF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Geo. F. Pundstein, M. D. 8/8, 1929 (Address) 605 Bryant Bldg

\*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 St. Marys Home DATE OF BURIAL Aug 9 - 1929

20. UNDERTAKER John W. Wagner ADDRESS 1409 Greenwood Ave

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.

