

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

Do not use this space.

30090

85

22-1929

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, Mo. (No. Missouri Methodist Hospital Ward) Registered No. 1035

2. FULL NAME Thomas Henderson Mc Donald
 (a) Residence, No. _____ St. _____ Ward. Sabetha, Kansas
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>unknown</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Painter
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mercersburg
 (STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER Dane Mc Donald

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Virginia Brumbaugh
 (Address) Sabetha, Kansas

15. FILED 5 1929 REGISTRAR Wm G. W.
134 B.B.

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1927, to Sept 3, 1929, that I last saw him alive on Sept 3, 1929, and that death occurred, on the date stated above, at 8:00 p.m.

51C THE CAUSE OF DEATH* WAS AS FOLLOWS:
137 B Anemia

49 (duration) _____ yrs. _____ mos. 3 ds.
 CONTRIBUTORY (SECONDARY) Carcinoma of Prostate gland
 (duration) 1 yrs. 5 mos. _____ ds.

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

1 DID AN OPERATION PRECEDE DEATH. yes DATE OF Aug 30-29
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS ✓
 (Signed) H. S. Ferguson, M. D.
9/4, 1929 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or to deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Foot Bldg

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sabetha, Kansas DATE OF BURIAL Sept. 5, 1929

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1946 Paulhorn

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.

PARENTS

