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

Do not use this space.

37319

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4789

Township Kaw — Primary Registration District No. 1002 — Registered No. 4789

City Kansas City (No. 933 Welch St. Ward)

2. FULL NAME Alex J McDonald

(a) Residence. No. 933 Welch St., ~~F~~ 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary E McDonald

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	63	1		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Interior Decorator
(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 Patrick McDonald

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

12. MAIDEN NAME OF MOTHER Mary Smith

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

14. INFORMANT Mrs Mary E McDonald
(Address) 933 Welch St

15. FILED 11/22, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1929 19

17. I HEREBY CERTIFY, That I attended deceased from August 20, 1929, to Nov 21, 1929 that I last saw him alive on Nov 20, 1929, and that death occurred, on the date stated above, at 8:05 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxaemia
Cancer of prostate -
(duration) 2 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF August 24 -
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Orlan Krueger, M. D.
11/21/29, 19 (Address) 220 Argyle Bd

*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	DATE OF BURIAL
St. Marys' Cemetery	11/23/29
20. UNDERTAKER	**ADDRESS**
Quirk & Tobin--20 W Linwood	

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.

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

Owen Krueger