

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

Do not use this space.

**37731**

**1. PLACE OF DEATH**

County The Donald  
Township \_\_\_\_\_  
City Anderson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 518  
Primary Registration District No. 4674

File No. 1-1929  
Registered No. 39

**2. FULL NAME**

Samuel George Macaulay

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
59 8 23

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Dry Goods Clerk  
(b) General nature of industry, business, or establishment in which employed (or employer) General Store  
(c) Name of employer Geo. Patton Mfg. Co.

9. BIRTHPLACE (CITY OR TOWN) Clinton Pa.  
(STATE OR COUNTRY)

10. NAME OF FATHER James Macaulay

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

12. MAIDEN NAME OF MOTHER May Johnson

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

14. INFORMANT A. C. Cunningham  
(Address) Anderson Mo

15. FILED Nov 28 1929 Andrew Mitchell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, to Nov 26, 1929  
that I last saw him alive on Nov 26, 1929, and that death occurred, on the date stated above, at 11:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza Pectoris  
GIA  
(duration) yrs. 9 mos. ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) S. B. Purdy M. D.

Nov 28 1929 (Address) Anderson 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 Anderson Mo DATE OF BURIAL Nov 28 1929

20. UNDERTAKER Geo. Patton Mfg Co ADDRESS Anderson Mo

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 IN FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PARENTS

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