

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

Do not use this space.

39991

File No. ....  
Registered No. 66 .....  
St. .... Ward)

**1. PLACE OF DEATH**

County Cass Registration District No. 156  
Township Grand River Primary Registration District No. 4090  
City Harrisonville (No. ....)

**2. FULL NAME**

Jeretta May McDonald  
(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 Female 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14 - 1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>14</u>	<u>11</u>	<u>1</u>	<u>6</u>	

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1929  
17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1929, to Dec 20, 1929, that I last saw him alive on Dec 20, 1929, and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute paraneuronal nephritis  
130 (duration) yrs. mos. 3 ds.

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) J. S. Triplett M. D.  
, 19 (Address) Harrisonville, 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.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work In School  
(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) Harrisonville Mo.

**10. NAME OF FATHER**

Benjamin C McDonald

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Indiana

**12. MAIDEN NAME OF MOTHER**

Velma May

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**14. INFORMANT**

Ben C. McDonald  
(Address) Harrisonville Mo

**15. FILED**

12/22 29 D. A. Long REGISTRAR  
Dr Triplett

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Orient DATE OF BURIAL 12/22 1929

**20. UNDERTAKER**

Rumrumburg Bros Ltd ADDRESS Harrisonville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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No.	Name	Age	Sex	Profession	Religion	Marital Status	Education	Income	Notes
1	John Smith	35	M	Farmer	Methodist	Married	High School	\$1200	
2	Mary Jones	28	F	Teacher	Baptist	Single	College	\$800	
3	Robert Brown	42	M	Merchant	Catholic	Married	University	\$2500	
4	Elizabeth White	55	F	Homemaker	Presbyterian	Widowed	Elementary	\$400	
5	James Wilson	30	M	Blacksmith	Methodist	Married	High School	\$1000	
6	Sarah Miller	40	F	Washer	Baptist	Married	Elementary	\$600	
7	Thomas Green	25	M	Student	Methodist	Single	College	\$300	
8	Anna Davis	60	F	Retired	Catholic	Widowed	High School	\$500	
9	William Taylor	38	M	Farmer	Methodist	Married	High School	\$1100	
10	Lucy Clark	32	F	Teacher	Baptist	Single	College	\$700	
11	George Baker	45	M	Merchant	Catholic	Married	University	\$2000	
12	Frances Adams	50	F	Homemaker	Presbyterian	Widowed	Elementary	\$450	
13	Charles King	28	M	Blacksmith	Methodist	Married	High School	\$900	
14	Elizabeth Hill	48	F	Washer	Baptist	Married	Elementary	\$550	
15	Henry Scott	35	M	Student	Methodist	Single	College	\$350	
16	Anna Young	58	F	Retired	Catholic	Widowed	High School	\$480	
17	John Lee	40	M	Farmer	Methodist	Married	High School	\$1050	
18	Mary King	30	F	Teacher	Baptist	Single	College	\$750	
19	Robert Hall	48	M	Merchant	Catholic	Married	University	\$1800	
20	Sarah Allen	52	F	Homemaker	Presbyterian	Widowed	Elementary	\$420	
21	William Wright	32	M	Blacksmith	Methodist	Married	High School	\$850	
22	Elizabeth King	45	F	Washer	Baptist	Married	Elementary	\$500	
23	Thomas Green	25	M	Student	Methodist	Single	College	\$300	
24	Anna Davis	60	F	Retired	Catholic	Widowed	High School	\$500	
25	John Lee	40	M	Farmer	Methodist	Married	High School	\$1050	
26	Mary King	30	F	Teacher	Baptist	Single	College	\$750	
27	Robert Hall	48	M	Merchant	Catholic	Married	University	\$1800	
28	Sarah Allen	52	F	Homemaker	Presbyterian	Widowed	Elementary	\$420	
29	William Wright	32	M	Blacksmith	Methodist	Married	High School	\$850	
30	Elizabeth King	45	F	Washer	Baptist	Married	Elementary	\$500	

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH. *Cass*  
 County ..... Registration District No. *156*  
 Township ..... Primary Registration District No. *2090*  
 City *Harrisonville* ..... St. ..... Ward)  
 2. FULL NAME *Jeretta May McDonald*  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *S*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) .....  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work .....  
 (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) .....  
 10. NAME OF FATHER .....  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....  
 12. MAIDEN NAME OF MOTHER .....  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....  
 14. INFORMANT (Address) .....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 20 1929*  
 17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
 that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS  
*Acute Parenchymatous Nephritis "Measles"*  
 (duration) ..... yrs. .... mos. .... da.  
 CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. .... mos. .... da.  
 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) ..... M. D.  
 , 19 (Address) .....  
 \*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.

15. FILED *1/31 30 D. S. Long*  
 REGISTRAR  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL ..... DATE OF BURIAL .....  
 20. UNDERTAKER ..... ADDRESS .....  
 19

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

5-39991.