MAR 24 1930

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

Do not use this space. 1

3934

File No. 4

Registered No.

1. PLACE OF DEATH

County Andrew, Registration District No. 13

Township Primary Registration District No. 4010

City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME Alfred Washington McDaniel,

(a) Residence. No. St., Ward. Lincoln, Arkansas,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 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	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20, 1858,

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	4	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wise County,
(STATE OR COUNTRY) Texas,

PARENTS

10. NAME OF FATHER Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) North Carolina,

12. MAIDEN NAME OF MOTHER A. C. Tremel,

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

14. INFORMANT Lawrence L. McDaniel
(Address) Lincoln, Arkansas,

15. FILED Feby 12 30, 19 C. Hyperius MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 19 30

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 19 30 to Feb 11, 19 30 that I last saw h. alive on Feb 11, 19 30 and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute obstruction of bowels (Ileus) 122B

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Not known

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

2/11 (Signed) E. M. Gethers, M. D.

, 19 30 (Address) Savannah, 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	DATE OF BURIAL
Westville, Oklahoma	Feb. 13, 19 30
20. UNDERTAKER	**ADDRESS**
Frank A. Bauman	Savannah, 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.