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

Do not use this space.

12535

File No. 14-56
Registered No. 14-56

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1007
City K. C. Mo (No. St. Mary's Hospital St. Ward)

2. FULL NAME Geo W McDonald

(a) Residence. No. St., Ward. Warrensburg, Mo
(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)
M	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen McDonald

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 1900

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
29	8	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman of Vit 12-28 121A
(b) General nature of industry, business, or establishment in which employed (or employer) Mayo-Garrison Co 129
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

PARENTS
10. NAME OF FATHER Emmet McDonald
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Ollie McKeehan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Geo McDonald
(Address) Warrensburg Mo

15. FILED 4/2, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 1930

17. I HEREBY CERTIFY, that I attended deceased from March 28, 1930, to April 1, 1930, that I last saw him alive on April 1, 1930, and that death occurred, on the date stated above, at 5-30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendicitis Gangrenous
Partial intestinal obstruction
Lacerating peritonitis 8 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Jaundice of
Pulmonary Artery 1 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Warrensburg Mo
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH Yes DATE OF 3/28/30
WAS THERE AN AUTOPSY Yes
WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) M. J. Owens, M. D.
4/1, 1930 (Address) 1034 Rialto Bldg

*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
Warrensburg Mo	4-3 1930
20. UNDERTAKER S. R. Sweeney	ADDRESS Warrensburg

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