

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

Do not use this space.

22849

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No.)

Registration District No. 399
Primary Registration District No. 92
St. Joseph Hospital

File No.
Registered No. 22849
St. Ward)

2. FULL NAME Mrs. Sylvia McDonald

(a) Residence. No. 1221 Broadway St. 1 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 15, 1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
27 3 24

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Telephone Operator

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

(c) Name of employer General Cab Co.

9. BIRTHPLACE (CITY OR TOWN) Marceline (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm. Grady

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

12. MAIDEN NAME OF MOTHER Minnie Wyette

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

14. INFORMANT Roy McDonald (Address) 1221 Broadway

15. FILED 7/10/30 M. M. Browne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1930 to July 9, 1930 and I last saw him alive on July 9th, 1930, and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Elder Pneumonia
121B
107A

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Appendicitis

(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 8 1930

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M. F. Powell, M. D.

, 1930 (Address) 206 Wirthman 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

Forest Hill

DATE OF BURIAL

7-11-30₁₉

20. UNDERTAKER

R. V. Lindsey & Sons, Inc. City 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.

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