NOV 26 1930

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

Do not use this space.

33689

1. PLACE OF DEATH
County: OSAGE
Township: BENTON
City: ..... (No. ..... St. ..... Ward)

Registration District No. 639
Primary Registration District No. 5848

File No. .....
Registered No. .....

2. FULL NAME: Jos. DAVID McDANIEL

(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.

5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
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. 13, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	11	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: FARMING
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): RICH FOUNTAIN
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Jos. H McDANIEL
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): VA.
12. MAIDEN NAME OF MOTHER: PAULINE NAPIER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): VA.

14. INFORMANT: [illegible]
(Address) [illegible]

15. FILED 10/26 1930 Esther Souder REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 25th 1930

17. I HEREBY CERTIFY, That I attended deceased from May 20th, 1930, to Oct 1st, 1930, that I last saw him alive on Sept 10 —, 1930, and that death occurred, on the date stated above, at 5:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis, senile enlargement of prostate gland, Valvular heart disease, and interstitial nephritis.

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) senility

(duration) 10 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) L. F. Bieseneyer, M. D.

, 19 (Address) Chamois 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: Linn, Mo.
DATE OF BURIAL: Oct 26 1930

20. UNDERTAKER: F R Engelrge
ADDRESS: Chamois, 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.