

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

Do not use this space.

36167

1. PLACE OF DEATH

County Jackson

Registration District No. 300

Township Kan

Primary Registration District No. 1002

City Kansas City Mo (No. Wesley St)

File No. _____
Registered No. 4573
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1326 Mac Lee St. St. 2 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. 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

Single

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

Aug 13 - 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

64

2

26

8. OCCUPATION OF DECEASED

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

Rooming House

(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)

Sweden

10. NAME OF FATHER

Daniel Donaldson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sweden

12. MAIDEN NAME OF MOTHER

Martina Mangum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sweden

14.

INFORMANT

(Address)

Cecilia Donaldson
1326 Mac Lee St

15.

FILED

11/11 19 30

M. M. Crane
Ass

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 1930 to Nov 9 1930 that I last saw him alive on Nov 9 1930 and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral edema

824

(duration) yrs. mos. ds. 3 ds.

CONTRIBUTORY (SECONDARY)

unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

Kansas City Mo

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed)

J. J. Fisher

M. D.

*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

Colorado Springs Colo

Nov 15 - 1930

20. UNDERTAKER

ADDRESS

John W. Wagner Lincoln - Memphis

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.

Dr J F Parker

Salisbury Md

Dec 30 1882

11 Nov 6