

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

Do not use this space.

1374

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 2027 Oliver)

File No. \_\_\_\_\_  
 Registered No. 2015  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sam McDonald  
 (a) Residence No. 2027 Oliver St., 11 Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs.  mos.  da. How long in U.S., if of foreign birth?  yrs.  mos.  da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17 1896  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. \_\_\_\_ min.  
34 4 25

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

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ark

10. NAME OF FATHER Lewis McDonald  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ark.  
 12. MAIDEN NAME OF MOTHER Ida Wilkerson  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Texas

14. INFORMANT Odia McDonald  
 (Address) 418 Stewart

15. FILED 1/15 31 M. M. Crowe REGISTRAR  
Ariz

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-12-19  
 17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Alcoholism  
 CONTRIBUTORY (SECONDARY) yes (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy  
 (Signed) Ho, M. D.  
3, 19\_\_\_\_ (Address) Oliver

\*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 West Lawn DATE OF BURIAL Jan 16 1931

20. UNDERTAKER Robbins Bros ADDRESS 2000 E 12th

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.

