

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.

MAR 27 1931

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

Do not use this space.

6841

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 4468
City Ferguson (No.) St. Ward)

File No.
Registered No.

2. FULL NAME Duncan Donaldson

(a) Residence No. 118 Clark 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

15. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 19 31

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Donaldson

I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 12:10 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 - 1905

THE CAUSE OF DEATH* WAS AS FOLLOWS: colliding Automobile Accident - Killed while driving an automobile which collided with another auto. 2/10/31 (duration) yrs. mos. ds.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 25 3 28

CONTRIBUTORY (SECONDARY) Boatman killed. Accident occurred at Ferguson Mo. (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Grocery Clerk 135 (b) General nature of industry, business, or establishment in which employed (or employer) A P Stores (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Ferguson Mo

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Wm Donaldson

WHAT TEST CONFIRMED DIAGNOSIS Physic report (Signed) John Schaefer, M. D.

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

*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.

12. MAIDEN NAME OF MOTHER Bessie Duncan

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

14. INFORMANT Mrs Mary Krause (Address) 4724 Olive Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walhalla DATE OF BURIAL Feb 12 19 31

15. FILED 3-3 1931 Dr. C. J. Koop REGISTRAR

20. UNDERTAKER Wm H. Stuart ADDRESS 5525 Easton

