

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

Do not use this space.

17395

**1. PLACE OF DEATH**

County Chariton Registration District No. 173  
Township Waverly Primary Registration District No. 5240  
City Prairie Hill (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 525-131  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(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 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Adeline McDonald

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 9 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Restaurant  
(b) General nature of industry, business, or establishment in which employed (or employer) operator  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Chariton County  
(STATE OR COUNTRY)

10. NAME OF FATHER James McDonald

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

12. MAIDEN NAME OF MOTHER Amanda E. Colman

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

14. INFORMANT F. A. McDonald  
(Address) Prairie Hill

15. FILED 5-25-31 J. D. McAdams REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1931

17. I HEREBY CERTIFY, That I attended deceased from August 31, 1930, to May 23, 1931, that I last saw him alive on May 23rd, 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Progressive Spinal Paralysis

CONTRIBUTORY (SECONDARY) 81 (duration) 3 yrs. 0 mos. 0 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs  
(Signed) J. D. McAdams, M. D.

, 19 31 (Address) Prairie Hill 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 Old Prairie Hill DATE OF BURIAL May 25, 1931

20. UNDERTAKER J. D. McAdams ADDRESS Shuteville

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 24 1931

