

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

Do not use this space.

33535

1. PLACE OF DEATH

County Barstow
Township Golden City
City _____ (No. _____) _____ (Ward _____)

Registration District No. 39
Primary Registration District No. 5056

File No. _____
Registered No. 15

2. FULL NAME

Mae M^{rs} Donald

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Albert M^{rs} Donald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 | 5 | 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk, Iowa

13. NAME Preston Luman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Meyers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Albert M^{rs} Donald
Luman, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL J.O.B. Golden City Mo. DATE 10/29 1931

19. UNDERTAKER (ADDRESS) E. B. Phillips
Golden City Mo.

20. FILED 10-29 1931 B. B. Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to Oct 28, 1931
I last saw him alive on Oct 28, 1931. Death is said to have occurred on the date stated above, at 12:05 p.m.
The principal cause of death and related causes of importance were as follows:

Arctic Stenosis

Date of onset not known

Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) C. E. D. Sweeney, M. D.
(Address) Luman, Mo.

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.

NOV 29 1931

