

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

Do not use this space.

41195

5124

**1. PLACE OF DEATH**

County Jackson Registration District No. ....  
Township Kaw Primary Registration District No. ....  
City N. E. Mo. (No. 232) Verdeburg St. .... Ward) .....

File No. ....  
Registered No. ....  
St. .... Ward) .....

**2. FULL NAME**

Frank L. McDonald  
(a) Residence. No. 2224 Oakley St., 12 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha McDonald

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
48 8 13

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Telegraph Operator  
(b) General nature of industry, business, or establishment in which employed (or employer) Sermind Co  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

10. NAME OF FATHER Soloman J. McDonald

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

12. MAIDEN NAME OF MOTHER Omela Williamson

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

14. INFORMANT Bertha McDonald  
(Address) 2224 Oakley

15. FILED 12/31/31 19... M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1931

17. I HEREBY CERTIFY That I attended deceased from 12-16 to 12-29, 1931, and that I last saw him alive on 12-29, 1931, and that death occurred, on the date stated above, at 8:20 p.m.

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

CONTRIBUTORY (SECONDARY) J. F. Cave  
(duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

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

19. DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. F. Cave, M. D.  
, 19 (Address) 330 Lee Bldg.

\*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 Mt. Washington DATE OF BURIAL Dec. 31 1931

20. UNDERTAKER Rose & Henderson ADDRESS 15 Jackson

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.

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Dr. Gave  
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