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

11716

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 395
City St. Joseph (No. State Hosp #2 St. Ward)

2. FULL NAME Martha McDonald
(a) Residence. No. St. Joseph Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 5 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 23 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 1850.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
82	3	9	

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

9. BIRTHPLACE (CITY OR TOWN) Richland
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER William Ruhl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Mary Waltman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Illinois

14. INFORMANT Hosp. Records.
(Address) State Hosp #2 St. Joseph.

15. FILED APR 23 1932 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1932

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to April 21, 1932 that I last saw her alive on April 21, 1932, and that death occurred, on the date stated above, at 7:03 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis over (duration) 1 yrs. 5 mos. 15 ds.

CONTRIBUTORY (SECONDARY) Broncho-Pneumonia (duration) yrs. 9 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? 1 0 0 1

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF (1)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr Clifton Smith, M. D.
4/21, 1932 (Address) State Hosp #2 St Joseph 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	DATE OF BURIAL
Oregon Mo	4-23 1932
20. UNDERTAKER	ADDRESS
Fleeman	1946 Calhoun