

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

Do not use this space.

19849

1. PLACE OF DEATH

49 County Franklin
5 Township
7 City Carthage Mo (No. _____)

Registration District No. 408
Primary Registration District No. 3020

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME William Riley M^c Donald

(a) Residence, No. 923 So. Center St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 Millie Hoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23rd 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 0 28

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

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 32
12.3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Ind.

13. NAME Ruston M^c Donald

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

15. MAIDEN NAME Elizabeth Douglas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mr. W. R. M^c Donald
923 So. Center St

18. BURIAL, CREMATION, OR REMOVAL PLACE God. Hill Cemetery June 22nd 1932

19. UNDERTAKER (ADDRESS) Ulmer - Sarah
Carthage Mo

20. FILED June 21 1932 E. A. Hetcham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20th 1932

22. I HEREBY CERTIFY That I attended deceased from Apr 27 1932 to June 20 1932

I last saw him alive on June 20 1932 Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

Wernia about 6-15-32
due to kidney dysfunction (R)
+ Hydros-nephrosis (L)
(malignant with metastases)
of several years standing

Other contributory causes of importance:
Undetermined bowel 5/19
complication causing
hemorrhage from bowel

Name of operation None Date of _____
What test confirmed diagnosis? Laboratory - chemical Was there an autopsy? _____

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? No

If so, specify _____
(Signed) G. L. Cordonnier, M. D.
(Address) Carthage 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.

JUN 23 1932

