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

Do not use this space.

85

28500

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 880

City: St Joseph (No. 2721 Faraon street St. Ward)

2. FULL NAME: Donald M. McPhee

(a) Residence, No. 2721 Faraon street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 48 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: Mary J. McPhee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 2, 1860

7. AGE: Years 72 ~~52~~ — Months 7 — Days 2 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Live Stoce Comm.

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): June 1932

11. Total time (years) spent in this occupation: 24 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Inverness Scotland

FATHER

13. NAME: Alex McPhee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Scotland

MOTHER

15. MAIDEN NAME: Jessie McIntosh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Scotland

17. INFORMANT (ADDRESS): Mrs Mary J. McPhee 2721 Faraon st St. Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mt. Olivet Cemetery St Joseph Mo. DATE: Sept. 7, 32

19. UNDERTAKER (ADDRESS): W. O. Soderlader 1802 Union st St Joseph Mo.

20. FILED: 9-6, 1932 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932 to Sept 4, 1932. Last saw him alive on ~~Sept 3~~ Sept 3, 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:

	Date of onset
Cirrhosis of Liver	Unable to

Other contributory causes of importance: Arteriosclerosis Lung Abscess, Heart Disease, Arteriosclerotic nephritis Chronic

Name of operation: None — Date of:

What test confirmed diagnosis: Clinical findings — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No — 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): W. W. Bell, M. D.

(Address): 301 P.S.S. Bldg

N. B.—Every item of information should be carefully supplied. REMEMBER that PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 24 1932